DOCUMENT RESUME

ED 432 717

CG 029 446

AUTHOR	Bonilla, Carlos A., Ed.; Lauderdale, Katherine, Ed.; Roberson, Jerry L., Ed.
TITLE	Chaotic Conversation: A Foray into the Complex World of Communication.
INSTITUTION	ICA, Inc., Stockton, CA.
ISBN	ISBN-1-879774-08-9
PUB DATE	1998-00-00
NOTE	140p.
AVAILABLE FROM	ICA, Inc., 1020 N. Commerce, Stockton, CA 95202 ($19.95).
PUB TYPE	Information Analyses (070)
EDRS PRICE	MF01/PC06 Plus Postage.
DESCRIPTORS	Adolescents; Advertising; Body Language; Brain; Children; Depression (Psychology); Family Violence; Infants; *Interpersonal Communication; *Interpersonal Relationship; Language Acquisition; Learning; Music; Parent Influence; Sexuality; Violence
IDENTIFIERS	Muscle Dysmorphia; Prozac; Road Rage

ABSTRACT

This book presents articles regarding communication in a variety of contexts. Articles are: (1) "Musings on Language and Communication" (C. A. Bonilla); (2) "How Do Infants Learn to Speak?" (K. Lauderdale and J. L. Roberson); (3) "Language, Learning, and the Brain, Any Questions?" (K. Lauderdale, B. J. Somera Mace; T. M. Pereira); (4) "Music and My Daughter" (M. Beckwith); (5) "Body Talk" (G. Cobarrubias, L. Doyle, K. Lofton, I. M. Soto, and L. Sarrade); (6) "Mirror, Mirror On the Wall...Is This REALLY What I Look Like?? Wait, Don't Answer!!"; (7) "Muscle Dysmorphia" (M. Beckwith, M. M. Castillo, G. Ruby, A. Williams); (8) "Love International Style, 'Mail Order Bride!' " (C. Beget-Cripe, N. McCormick, R. J. Staggs, and C. Zipf); (9) "Talking between the Sheets: Improving Communication in the Bedroom" (R. Robbins, R. Torres, and S. Yang); (10) "Monkey See, Monkey Do: What Children Learn from Their Parents' Relationship" (J. Donkin, T. McCafferty, and K. Strong); (11) "The Biology of Aggression" (C. A. Bonilla and J. L. Roberson); (12) "Battered Bodies and Broken Dreams; Domestic Violence: A Guide to Resources; Self-Assessment" (K. Lauderdale, N. Vang, and J. Weidman); (13) "What Happened to Our Angel? Teenage Violence Hits Home" (L. Q. Castro, R. Kent, and K. Lauderdale); (14) "Road Rage: The Perils of Poor Communication in the Highway" (R. Branscum, K. Jensen, M. Martinez, J. Schallberger); (15) "Prozactina Advertising: A Powerful Tool for Communication" (J. Chase, G. Cisneros, P. Short, and J. Toy). (MKA)

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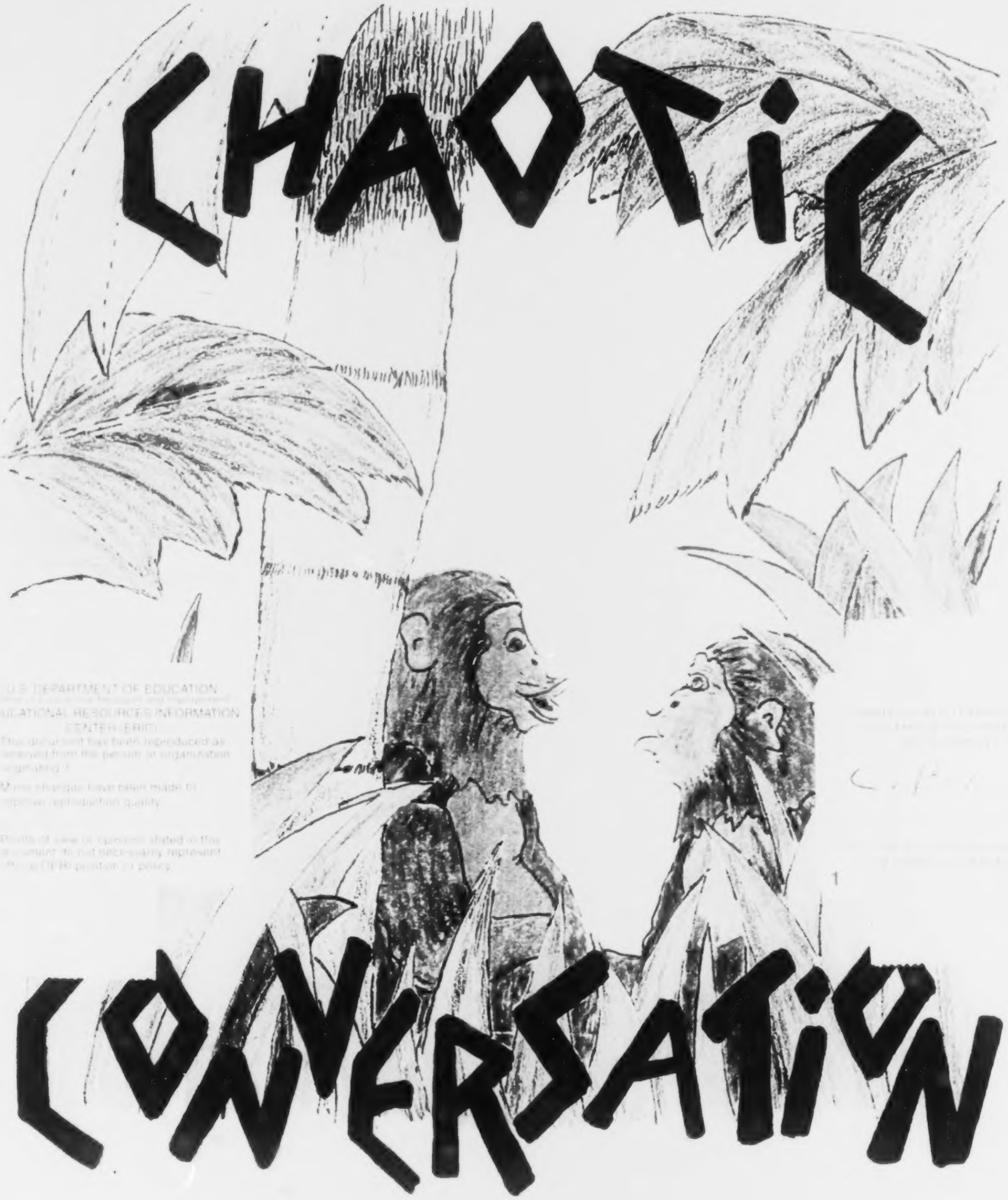
CHAOTIC CONVERSATION



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Carlos A. Bonilla, Ph.D., Katherine Lauderdale, B.A., and Jerry L. Roberson
Editors

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Chaotic Conversation

A Foray
Into The Complex World
of
Communication

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Chaotic Conversation

A Foray into the Complex World of Communication

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ICA Inc.
1020 N. Commerce
Stockton, CA 95202

ISBN: 1-879774-08-9
Library of Congress Catalog Card Number 98-72172

Communication

- In the Bedroom
- On The Highways
- In Infants
- In the Womb
- In Advertising
- In Relationships
  - with mates
  - with teens
  - with colleagues
  - with prospective lovers
- Through Body Language
  - in normal affect
  - in dysmorphic disorder

ISBN: 1-879774-08-9
Library of Congress Catalog Number 98-72172

Language Acquisition

- Communicating with the fetus
- How do infants learn to speak?
- How do language, learning and the brain correlate?
- How are foreign languages mastered?
- How do chimpanzees communicate?

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Musings on Language and Communication

What is language and how is it used in communication? Is language development the unique domain of human primates? By definition language is:

a The system of human expression by means of words in speech or writing.

b A particular system of words, as used by a people or a nation; i.e. He speaks two languages.

c Any system of signs, movements, etc. used to express meanings or feelings, i.e.:

The language of music
The language of mathematics
The language of science
The computer language

Until recently it was believed "intelligent communication" was restricted to the highest (although one can certainly question this label) primate, the HUMAN. Apes (chimpanzees, gorillas) are, however, capable of far more intelligent communication than we - lowly scientists -ever thought possible; consider:

- The *planum temporale* (PT), a small lump of brain tissue located just above the ear is the area known to be responsible for the understanding of generation of language, whether in speech or visual form.
- The brains of eighteen (18) chimpanzees who had died of natural causes were examined by researchers at The Mount Sinai School of Medicine in New York. Guess what? Seventeen (17) of the brains had a larger PT on the left side compared to the right.

> "An asymmetry previously thought to be unique to the human brain."

This suggests chimpanzees possess non-verbal linguistic skills which have gone, until now, undetected. Says Patrick Cannon, a neurobiologist who studies chimpanzee communication:

> "The asymmetry in their brains is an important indicator that something is going on that we did not realize before. I believe they (chimps) have their own language".

So, where do we go from here? Scientists will now:

- teach the primates a basic linguistic task, probably sign language
- use brain scanning techniques to see if the PT area in their brains show signs of increased activity when they communicate
- compare these findings to what is known about the same area, responsible for language, in the human brain

Q: Have animal psychologists, speech researchers and medical scientists been "barking up the wrong tree" while attempting to understand how animals communicate and how language develops?

A: Probably so! Traditionally, scientists' attempts to "communicate" with apes using human sign language, symbols and speech have had limited success; why?

> "the animals have simply not been able to grasp the fundamental rules of human grammar"

The key may lie in trying to understand their language rather than imposing ours on them. A blatant example of faulty communication, wouldn't you agree?

v

Q: Now, you the reader, may ask: "why write yet another book about communication?"

A: To emphasize the point: we, humans, need to use language effectively and improve our communication skills for, when they fail, serious troubles quickly ensue.

I, submit to you - the reader - this simple concept again, and please forgive me for being repetitious:

"The key may lie in trying to understand their language rather than imposing ours on them"

Carlos A. Bonilla

How Do Infants Learn to Speak?

Katherine Lauderdale

Jerry L. Roberson

Communication is the basic cornerstone that ensures the survival and reproduction of a species. Webster's defines language as the "transmission of emotions or ideas between any living creature by any means." There are various ways to communicate: vibrations, grunts, whistles, hoots, sign language, gestures, pantomime and verbal sounds are all types of language. All communication must begin with the ability to understand and use some form of language. For the vast majority of humans, communication begins with learning verbal speech.

The ABCs of Language:

When does an infant begin to categorize and differentiate between sounds and words? How does it distinguish between the sound of its mother's voice and that of a total stranger? The phenomenon of language is a concept that has baffled scientists for many decades. New technology is making it possible for scientists to see the neural activity of a fetus and it is now thought language acquisition begins long before birth. Early in the first trimester the fetus can recognize voices and emotions of the mother. How is this possible?

To understand this process, it is necessary to understand the basic building blocks and functions of the brain. The brain cell, the most basic part of the brain, is called a neuron. The neuron carries messages from various parts of the body to and from the brain. With the aid of chemical transmitters (neurotransmitters), messages can be sent from neuron to neuron and from neurons and other types of cells, like muscle cells.

During the prenatal period it is impossible to separate the fetus' neural pathways from the environment nurturing it. Every movement, sound or emotion the mother feels affects the development of the fetus' brain. Alcohol and drug usage, smoking and malnutrition are few of the reasons brain cells fail to form, or die. From the very start, the environment is extremely important in the growth of the neural pathways in the fetus. As early as ten weeks into the pregnancy the mother can heighten the future of her child's learning capacity (Logan).

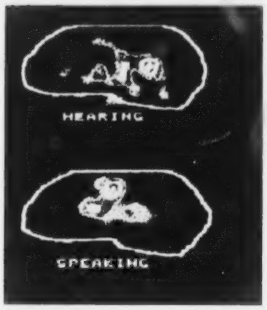

Figure 2

> **Inside the womb, long before light first strikes the retina of the eye or the earliest dreamy images flicker through the cortex, nerve cells in the developing brain crackle with purposeful activity . . . carving mental circuits into patterns that over time will enable the newborn infant to perceive a father's voice, a mother's touch, a shiny mobile twirling over the crib. (Nash)**

In the womb, fetal brain cells multiply at a rate of about 250,000 per minute. By the time of birth the infant's brain will have formed all the cells it will ever have, which is determined by their genetic map and prenatal care. The brain has enormous potential and unleashing that potential is the source of many studies now being conducted on how it learns and develops.

The fetus can hear and respond to what is happening in its mother's world.

How a fetus responds to sound can now be measured in the womb. All fetuses hear blood pumping through the umbilical cord and the placenta, but that is not all, for they can also hear and distinguish their parents' voices, music, and the excitement or trauma in their mother's everyday world. These interactions elicit a response from the fetus. Along with movement, sounds begin neural firing and set up pathways in the brain which predispose the newborn to respond to stimuli. A study of infants who heard music in the womb indicate they exhibit higher levels of consistency in cognitive and social skills, creative abilities and physiologic alertness. *

Fetuses will also respond to negative stimuli. Stress and other emotionally charged situations change hormone levels in the mother, directly affecting the child. Some studies have shown excessive exposure to adrenaline has a caustic effect on the infant. Infants whose prenatal environment was filled with negative stimuli develop an extreme hyper-vigilance that follows them into their childhood and beyond. Those whose mothers were severely depressed showed abnormal brain waves for over three years after birth. The fetal environment is critical for the healthy development of the brain.

* See also Matthew Beckwith's story about his daughter Emily (Page 19).

At birth, 75% to 90% of all brain cells not stimulated will die, but after birth, the infant generates up to 15,000 connections to each surviving neuron. From there more than 1,000 trillion interconnections are developed and the brain quadruples in size. This is a remarkable transformation from a single cell. Given just this basic data it is easy to see how enhancing neural activity in the fetus gives children unmeasurable opportunity to advance in mental capacity, not only at birth, but throughout their life.

What is a mother to do?

Mothers can create an environment that enhances the development of their children long before conception. Proper diet and exercise set the stage for an atmosphere rich in the nutrients needed for nurturing of the fetus, and if continued through the prenatal period it will benefit both the mother and the fetus.

Figure 3

After conception, the time is rich for advancing the neural stimulation needed to create pathways which continue to grow after birth. A study of "3,000 children worldwide who received some form of environmental enhancement during prenatal growth" over a decade showed measurable differences in the mental and physical health of the newborn. They were born "with eyes open, smiling, relaxed . . . not crying, immediate cooing or babbling, voice recognition by turning to parents, unusually long attention spans" and many other common characteristics (Logan).

What types of stimulation are needed to produce these calm, contented and healthy babies? By stimulating neural firing, the fetal brain is excited and forms new connections between the neurons. Singing lullabies, and reading to the fetus, makes connections which the infant remembers, and responds to, shortly after birth. It is as simple, and as complex, as nursery rhymes and bedtime stories. A study to determine the extent to which a fetus can be stimulated was conducted with three hundred children: parents were instructed to read, talk and play music to their fetuses, along with proper prenatal care and nutrition. The average IQ of these children was 150, genius level, compared to the average IQ of 100 in the non-stimulated control group.

It Does Not Stop Here

After birth the baby's brain continues to grow at a very rapid pace. The infant now has about 100 billion neurons. The brain, as a living tissue, needs continued stimulation to grow. "In the absence of the proper stimulation, a brain cell will die!"(Hotz) Stimulating the infant is much more important than people realize and parenting plays a pivotal role in the child's mental potential. This stimulation does not have to be in the form of extensive drilling in areas beyond the child's comprehensive abilities; simply talking and interacting with the child on daily tasks is a fine place to begin.

From changing a diaper, bathing or feeding, infants learn through the interaction with the care giver. Facial expressions, words (especially those done in a singsong fashion) and touch itself cause the infant's brain to fire and grow. The natural response of a parent is to talk to the child and this activity can actually stimulate neural firing.

> **The critical element for building. . . (the child's) . . . brain cells . . . was not an abundance of educational toys, the family's status or even necessarily the security of home care, but a quality relationship with a care giver who spoke often and directly to the child with respect, sincerity and sensitivity. (Kessler)**

The consistent love and attention given to an infant is the most important way to establish the stimulation and security every child needs.

Long before children are able to form their first word, they begin to make sounds compatible with the language they hear. "Baby talk is much more important than people realize"(Blakeslee). Using what Patricia Kuhl calls *parentese,* the parent is teaching the basic vowels sounds. Baby talk is usually in a higher pitch and with a melodic rhythm. "Inside this melody is a tutorial for the baby which contains exceptionally well formed versions of the building blocks of language" (Blakeslee). Three primary vowels amplified by parentese are "ee", "ah", and "oo", which are part of every spoken language throughout the world. The infant's brain tunes into these sounds and very early cooing and gurgling from the child contain some combination of them. Baby talk exaggerates and enables the infant to hear the distinct different sounds of speech (Blakeslee).

Another national child care study of 1,300 families identified verbal interaction as a key to the growth of the infant's brain. The study shows "adult-child interplay ignites those tiny brain synapses" (Kessler). This interaction has the most powerful influence on a child. Those who were talked to, and interacted with, on a regular basis performed better on language and intelligence tests than all of the other control groups combined. "Quality interaction can happen anywhere there is a motivated adult" (Kessler).

To Stimulate or Not To Stimulate:

Sometimes it seems like a ludicrous game, playing pat-a-cake, peek-a-boo and acting silly or talking in a high pitched sing song voice, but the advantages outweigh any idiocy felt. Esme Infantes relates a story of a two year old who was intrigued by the candle on his birthday cake. The "Happy Birthday" song sent him dancing in anticipation, but what held his interest most was the birthday candle and he "shrieked in delight" when he blew it out. The pleasure he felt was obvious but what could not be measured was the response in the child's brain. His neurons were bubbling with activity during the candle incident. He was experiencing exciting new neural pathways from the simple act of anticipation and blowing out the candle (Infantes).

Language acquisition in the inquisitive brain starts long before birth and continues well into childhood. What an exciting time for parents to enable, encourage, and expand the brain capacity of another viable human being, their child! The effects of this on the future of the human race remains to be anticipated and enjoyed.

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Figure 1: Seifert, Kevin L. *Child and Adolescent Development.* Palo Alto, CA. 1991. Pg. 114

Figure 2: Restak, Richard M. *The Mind.* New York, NY. 1988. Pg. 43.

Figure 3: Restak, Richard M. *The Mind.* New York, NY. 1988. Pg. 219

Language, Learning and the Brain
Any Questions?

Katherine Lauderdale
B.J. Somera Mace
Tina Marie Pereira

Theories relating to language development are not new; advances in traditional neurology and anatomy were made almost a hundred years ago, but now new technology makes it possible to see activity in the brain, both inside and outside the womb. This technology is restructuring what is believed to be the way the human brain learns language and how it is stored in the brain.

In 1925, Dr. Murooka concluded the primary stimulus for the fetus was blood pulsing through the umbilical cord. With the development of color brain scans neural activity in response to other stimuli can now be measured. The two main areas of the brain which pertain to language are Broca's and Wernicke's regions.

The Storage of a second language in the Brain depends on age.

Each person stores language in different parts of the brain depending on the age at which their second language is learned. Broca's area is dedicated to the execution of speech and some deep grammatical aspects of language. Wernicke's area is concerned with understanding the meaning of words and the subject matter of spoken language, or semantics. By using high resolution scanning techniques, both regions can be observed.

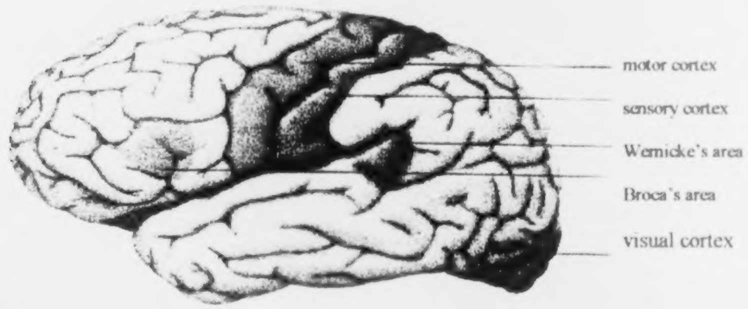

Figure 1

In a recent study twelve (12) bilingual subjects were asked to think about what they had done the day before, using complex sentences, first in one language and then in another. Ten different languages were represented, half of the subjects learned the second language in infancy, and half learned the second language around age eleven, becoming fluent about age nineteen.

By using magnetic resonance imaging (MRI), or the electroencephalogram (EEG), increased blood flow to those regions activated by the thought process can be observed

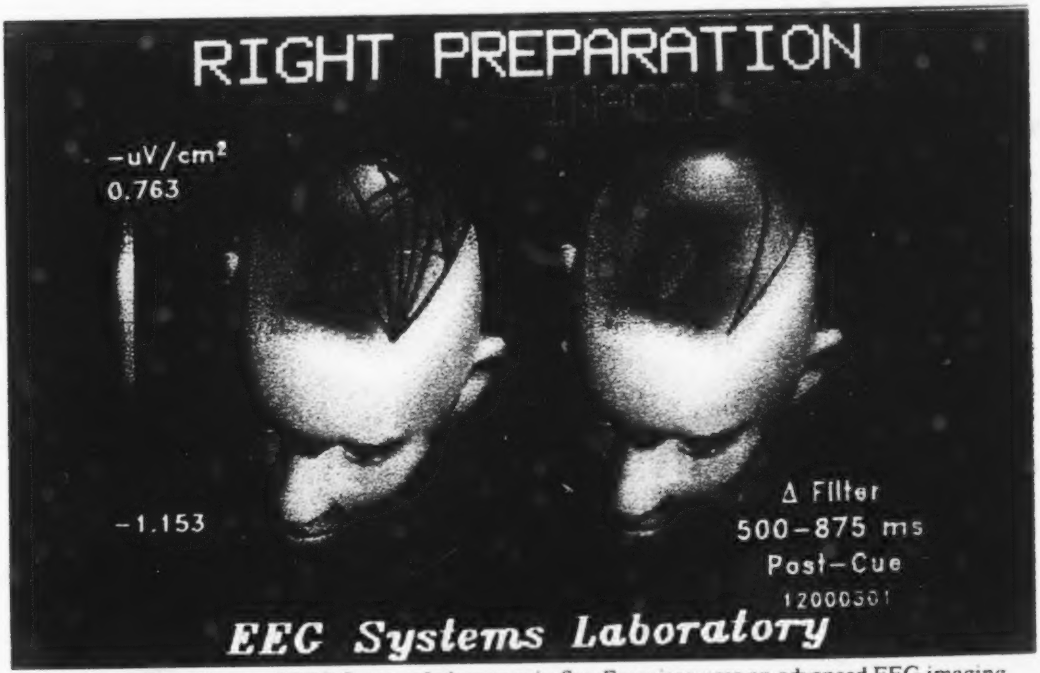

Figure 2:Dr. Alan Givens of EEG Systems Laboratory in San Francisco uses an advanced EEG imaging system to display thought process pathways.

None of the twelve individuals showed separate Wernicke's area but Broca's region showed dramatic differences. Those who had learned both languages ***in infancy*** showed

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only one area of activity while those who had learned the second language ***during adolescence*** showed two distinct areas, one for each language. Deduction: the brain uses different strategies for learning languages depending on age. When adults acquire a second language, they use one brain but two systems. In another study of trilingual, late-learning subjects, three distinct areas of the brain are highlighted, whereas if learned during the infant/toddler stage there is activity in only one part of the brain. This study confirms language is stored in different regions of the brain according to age.

Figure 3

Learning a second language is easier for infants and toddlers who learn it along with their primary language. Those who learn a language at an early age present accents similar to others who are fluent in that language. When a language is learned after age ten, the first language accent is perceptible regardless of fluency in the second language. While studying how language is learned, neuro scientists have discovered answers to other mysteries of the brain.

What other mysteries does the brain hold?

What other wonderful mysteries can the brain possess? Let's consider the ramifications: knowing that language is stored in different parts of the brain can help us to understand its vast potential and create other areas of neuro-research such as when serious trauma affects a given part of the brain. New discoveries about the developing brain are so profound they are shining rays of hope into various other areas of teaching, and rehabilitation.

There is no center of consciousness, no one place where information is processed or stored.

The brain is constantly changing and creating new pathways and connections to every stimulus it encounters. Rates of growth may decrease with age, but the brain continues to grow and change, and certainly, all learning creates growth. All stimuli be it positive (music) or negative (seizures) change neural functioning.

This is true of prenatal, early childhood learning, and learning that continues throughout life. Studies show the brains of active college students have up to 40% more neural connections than those of high school dropouts. With proper stimulus early in life a child's IQ can be substantially increased, in some studies up to 30%. Stimulating the brain is easier early in life, but the brain can grow and change throughout a lifetime.

Figure 4

There is no single way a brain develops.

Of the 50,000 human genes, about half are involved in the layout of the brain, which is genetically predisposed for personality, temperament and learning potential.

Half of the 50,000 human genes are involved in the layout of the brain.

Prenatal experiences also affect the way a brain develops. Drugs, alcohol, trauma and emotional swings, for example, are now known to have profound effects on the developing fetus.

Philip H. Grutin, chief of neurosurgery at Sloan-Kettering Institute says we "would hold our breath until the patient woke up. These days, it is routine for Sloan-Kettering patients with brain tumors, threatening speech or other abilities, to get functional MRI scans before surgery." This enables Grutin to try to stay away from the active areas of the brain and help the patient to emerge as unaffected as possible following the surgery.

Can the brain be retrained?

Unequivocally, Yes! Austin Rawnsley is a prime example of the vast potential of the brain. At the age of 17 months old the left hemisphere of his brain was removed to treat a deadly form of epilepsy. Doctors had little hope in Austin recovering the physical, speech and cognitive area skills of the affected part of the brain that was removed. But, since the surgery, Austin has mastered virtually all of the skills of a normal child of six and the only remaining hint of the trauma he endured is a slight stiffness of the right hand, which could very well be due to the surgery itself. Austin's recovery is a remarkable test of adaptability and a tribute to the potential of the human brain.

What does Austin's recovery say about other types of trauma? Can a person who has severe trauma to the brain recover if they are older? Neuro scientists feel with the proper stimulation, and intense retraining, many other people can improve their mental capacity after stroke, accidents or seizures. It may take years of painstaking therapy, like it did for Austin, but the results can be as hopeful.

What does the future hold?

New insights on the function of the brain offers hope in many areas. It promises to transform everything from parenting to public education, nutritional intervention (infant formulas for those lacking key fatty acids needed for brain development), to increased care and stimulation for stroke and accident victims. We are on the cusp of a new adventure for science. The future explorations in this area hold many promises and endless hope for those afflicted!

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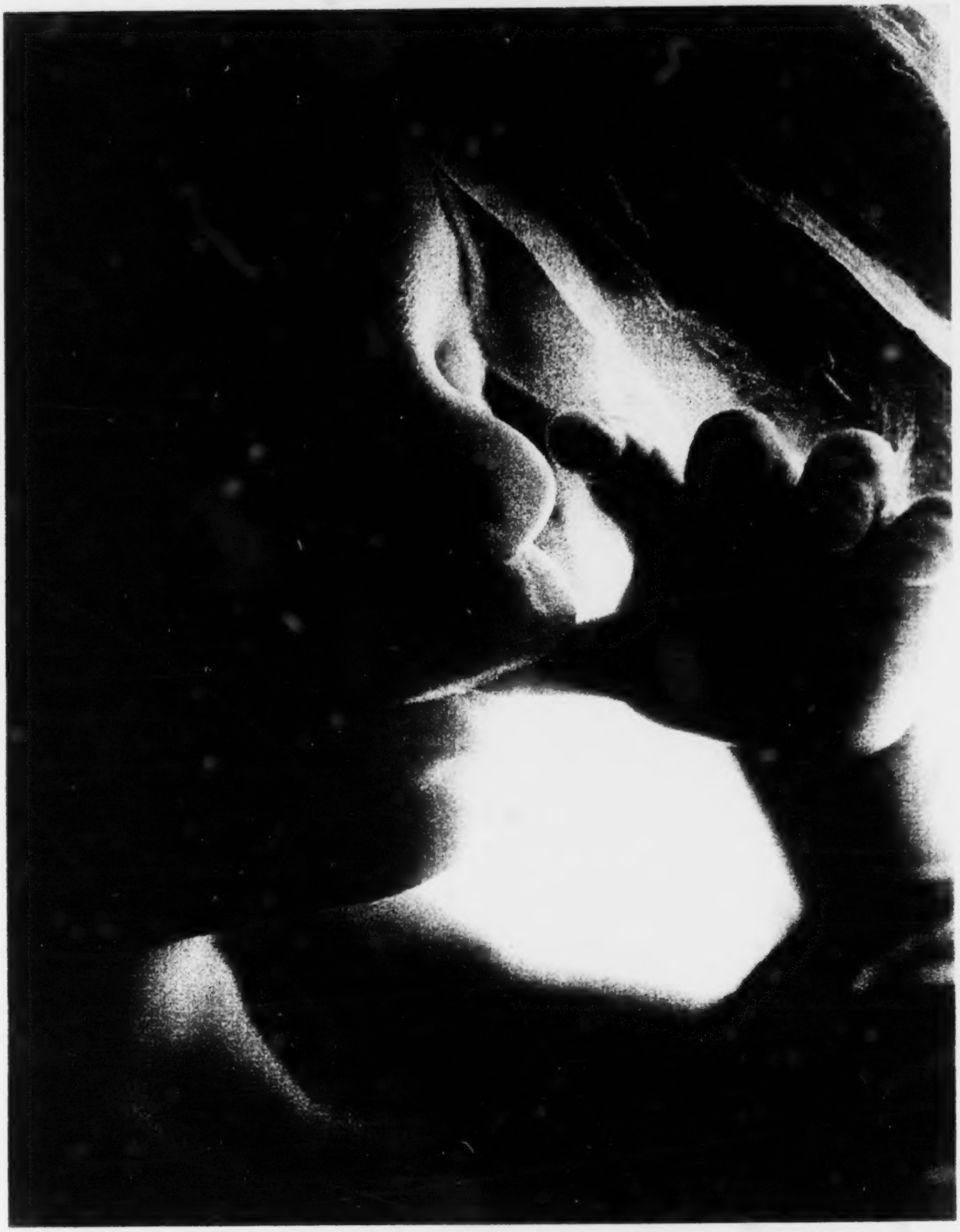
Figure 3: Seifert, Kevin L. and Hoffnung, Robert J. *Child and Adolescent Development*. Palo Alto, CA. Pg. 226

Figure 4: Seifert, Kevin L. and Hoffnung, Robert J. *Child and Adolescent Development*. Palo Alto, CA. Pg. 270



A human fetus in the womb at 4 1/2 months, part of a classic series of photographs chronicling the beginning of life. L. Nilsson

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Music and My Daughter

Matthew Beckwith

When my wife and I learned she was pregnant we were very excited. We decided, from the outset, we would expose our child to the arts prenatally. Being a musician, I began to play my own music to my unborn daughter. I would play the guitar very close to my wife's abdomen. From the first flutter of movement from our daughter we noticed considerably more activity when I played; it was as if she learned to dance in the womb. Immediately after birth, Emily showed signs she recognized ***my*** music. When I played, she would become calm and relaxed. Any other recorded music, even if similar to mine, would not work early in infancy. The music had to be my own. Due to this early exposure Emily and I share a unique and special bond.

This bond helped with her speech problems. Emily was born with a unilateral cleft of the palate and lip and after early surgeries, she was enroled in speech therapy. With the problems normally associated with this condition, we learned, from the start, that music can aid her in enunciation and articulation. It is much easier to work with Emily if we incorporate music into her therapy. Music has been enjoyable for her since her prenatal exposure and it continues to help her to relax, which is crucial in correcting speech impairments; it has given us another medium to use besides just plain, old speaking. I believe the exposure to music prior to birth has increased her learning potential and aids her in mastering tasks in all areas of her life.

"BODY TALK"

Greg Cobarrubias
Lori Doyle

Kristin Lofton
Isabel Montes Soto

Luis Sarrade

Development of Language

It is widely accepted today, that, the ability to communicate is one of the most important skills humans must master in order to function effectively in modern society. In accomplishing this, we spend time and money to perfect our oral and written skills then expect to communicate effectively at home and work.

Most of us do not realize verbal language skills will only help us transmit, at most, 40% of our meaning while the rest is transmitted via body language. Body language is comprised of the gestures and signs we use in communicating and includes such things as posture, hand movement and signs and the way we move our eyes, among others. While researching this field, Mario Pei, has been able to determine the human body can make use of over 200,000 different signs.

"Over 200,000 different signs."

Because of this, and because we communicate so much through our gestures and body movements, the concept of language and its development is changing. The majority of researchers believe language emerged suddenly, in modern humans, as recently as 50,000 years ago. But anthropologist, David Armstrong, proposed language evolved gradually, beginning with our earliest primate ancestors. He affirms the first language used was gestures.

As evidence in support of this theory, he offers the fact that hominid brain size increased dramatically long before *Homo Sapiens*, us, emerged. This took place around 4 million years ago. Another fact is that the brain-to-body ratio also increased so he believes the bigger brain was not only used to run a bigger body. What, then, was it used for?

One popular theory is the bigger brain capacity was used in the development and use of tools; chimpanzees, however, use sticks and rocks as tools and their brains are a third the size of ours. While language development requires a lot more mental capacity, thus a sensible explanation for larger brains, it also offered a clear advantage to a troop of hunter-gatherers.

People might ask: if the brain capacity for language was there, why did it have to be a non-verbal language? The reason is simple: **they could not speak!** Fossils suggest the throats of early humans were very similar to those chimps, whose *Pharynx*, where sounds are modulated in the throat, are too small to make the complex sounds necessary for speech.

writer's block?

William Stokoe and Sherman Wilcox, in their book *Gestures and the Nature of Language*, also support the theory non-verbal, body language was the precursor of speech. They assert signing and body language are fully equivalent to verbal language.

In their work, sign language is given the same linguistic complexity as speech and drawing upon many of the same parts of the brain needed for speech. They explain primates have a highly developed vision, with specialized bundles of neurons, which respond strongly to the sight of moving arms.

So, while we communicate, we must remember what is being said is only part of the message. After all, we have been using our bodies to communicate longer than we have had speech. Not only must we realize our bodies talk, we must also learn what they are saying, not only here, but in other parts of the world. Just as different spoken languages have evolved, different body languages have too. And in this modern world of diversity and multi-culturalism, in business and other aspects of society, learning to read this language will help tremendously in our efforts to better understand one another (more on this later).

Body Language in Business

As stated before, we all utilize body language and should learn to use it to our advantage while trying not to offend anybody. A study conducted by the "National Institute of Business Management, Inc." concluded words we use account for only 7% of our impact on others. Our tone of voice for 38%, and our facial expressions 55%. Thus, 95% of our impact is non-verbal. This is why body language is so important and we must invest in ourselves to improve it and use it skillfully.

Consider these examples of body language in the buisness world. First of all, as a manager you must control a "territory" within your company. Your territory is psychological, as well as, physical. You must be there, and be visible. This could mean being there early and leaving late, or "patrolling" your department and being liberal with advice and directions. To be an effective Manager or Supervisor you must act as if you "own" your space. You do this by having erect posture, assertive movements, and "host" behaviors. You also control traffic, partly through words, but mostly through non-verbal cues such as standing to signal the end of a conversation. This should be done in a non offensive way.

Another part of business language is keeping proper distance of the persons to whom you are talking. In the United States, two to three feet is the best distance for conversation or business discussions; standing, or sitting farther away, may make you seem cold and aloof. If closer, your nearness may make you appear intimidating or sexually overt. Remember, this can change when dealing with different cultures. For example the British, Scandinavians, and other North Europeans tend to like plenty of space between them. They seldom touch when talking and stand out of easy tactile range. On the other hand the French, Italians, Latin American and Eastern-Europeans like to stand close, and they often touch one another.

Let's examine another example of body language relating to status and the way someone enters a person's office: low status individuals tend to stop just inside an office door to speak to the person behind the desk; medium-status individuals tend to walk part way to the desk before speaking; high-status individuals go right up to the desk and speak to the person face-to-face.

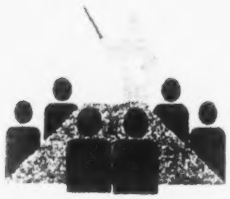
It will help if you build a "Charisma" about yourself. This is the magical attractiveness of a personality. Charismatic individuals tend to be well dressed, and they may often be observed grooming and preening themselves. They adopt courting postures: erect stance, chest trust forward, stomach drawn in.

"BUILD CHARISMA"

Work, alone, does not make you a leader. You need to appear as a leader to those in charge. That means you must cultivate characteristics of dominance:

- Looking people in the eye
- Thrusting out your chest
- Moving with determination
- Speaking loudly and distinctly
- Not caving in to intimidation
- Throwing your weight around when necessary

People with charisma tend to use eye contact and hold it longer than others do. They display "open" gestures, such as exposing the palms of their hands. They are far from passive, however, seeking expression and emotional contact. They rarely display aggressive gestures and movements, showing receptivity instead. They are fond of shaking hands, touching, and embracing. Developing charisma about ourselves goes a long way in communicating our message; haven't you noticed, right or wrong, those that have charisma can push the envelope further and get away with it?



When giving a presentation, you have 30 seconds to establish your image. Dr. Sharon Crain, industrial psychologist and president of Crain and Associates in Boulder, Colorado, has found the first half minute to be the most critical part of any talk. The basic point to remember is: SMILE. It puts people at ease and lets the audience know you are friendly and composed. Add a nod or open hand gesture if you like. WALK CONFIDENTLY TO THE PODIUM OR FRONT OF THE GROUP. Act as if you enjoy the limelight. Let everyone look you over. Do not try to "hide" behind defensive body language, such as arms held across your chest. ESTABLISH GOOD EYE CONTACT FROM THE START. Scan the entire group, immediately. Smile while doing so. This indicates a desire to communicate with everyone present. BEGIN WITH A

HUMOROUS OR LIGHT REMARK. It can put everyone, including yourself, at ease. It pays to make the first 30 seconds count in any human interaction, including interviews and sales calls.

Body Language and Lying

Have you ever been taken-in by someone who looks you straight in the eye and proceeds to tell you a lie? There are some signals which can alert you about what people say and what they actually mean.

We have learned how to "behave" ourselves and how to hide our feelings but we rarely turn this into a perfect performance. Our bodies use a deeper level of communication which carries the message of who we really are and what we really mean. This body language tends to leak out all the time into our surface behavior.

Lying is the classic example of things not being what they seem in a verbal exchange. Consider the following "clusters" of signals sent out by a man whose wife suspects he is being unfaithful (and he is). When she confronts him with her suspicions he crosses his arms over his chest, signaling he is closing himself off from her, he is not open to her concerns, and is intent on protecting and defending himself from attack. With his body turned away from her, he is signaling his subconscious attempt to evade the issue, hoping it will slide past him. He responds with anger in an attempt to throw her off. His hands go to his hips, with his fingers pointing down to his genital area and turns to face her. This is an obvious male-aggressive pose signal he adopts to achieve domination. He glares at her, purses his lips, looks her straight at the eye without blinking. He also rubs his nose, this is the "Pinocchio Syndrome" signal of rubbing, stroking, or pulling at the nose to alleviate stress. All these signals can be interpreted as "lying" and could have been used by the wife to learn the truth of the situation. Obviously, knowing body language is very important.

Gestures Around the World

We have all used gestures at one time or another. Gestures are used when words fail. We cross our fingers for good luck, give a V sign, or offer a cheerful thumb-up. In the United States we know exactly what these signs mean, and we rarely use them inappropriately or mistake their meaning; in foreign countries, however, they may have different meanings, or we may encounter gestures which we do not understand. Consider these gestures used every day.

Arm Raise

- Meaning: Request for attention.
- Action: The arm is raised high in the air, palm showing and held there until the gesture has been acknowledged.
- Background: This is a schoolroom gesture that has since spread into adult society life. It is employed at gatherings where someone wishes to speak and is also used when an informal vote is required.

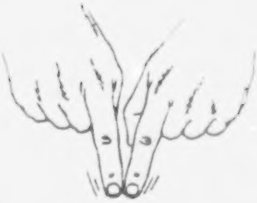
Cheek Slap

- Meaning: Shocked surprise.
- Action: Lightly slapping your own cheek.
- Background: It mimics the act of being slapped on by someone else. The message is that "I am as shocked as if someone else were to slap me like this". It usually occurs at the moment when the gesturer realizes that he or she has done something stupid for which they deserve to be slapped.

Forehead Slap

- Meaning: How stupid of me!
- Action: The palm of the hand strikes the forehead. Usually the head tilts back slightly at the same time as if the gesturer is looking up to heaven for guidance.
- Background: The gesture acts out the blow he feels he deserves for being so stupid. Frequently used by someone who has forgotten something important.

Forefingers Tap



- Meaning: Come to bed with me.
- Action: The forefingers are held side-by-side and tapped together.
- Background: Here the fingers represent the man and woman making rhythmic, sexual contact with one another.

The Finger

- Meaning: "Up Yours".
- Action: Extend the middle finger upward stiffly and holding up the fist with knuckles facing out.
- Background: Anthropologists say this gesture has been used universally for 2,000 years.

The Arab Finger

- Meaning: Same as above.
- Action: Extend the hand with the palm down, fingers splayed outward, the middle finger pointed straight down.

Forearm Jerk

- Meaning: Enlarged version of The Finger.
- Action: Bend the arm at the elbow while making a fist(with the knuckles away from the face), then shake the fist once.

The Ear Waggle

- Meaning: You are lazy or stupid.
- Action: Point inward at the temples of the ears with the other fingers spread. Then proceed to flag the hands back and forth.
- Background: This is meant to imitate the long ears of a donkey.

So, the body can be used to convey all kinds of information. To become accomplished communicators, and to be able to relate effectively with other people, it is extremely important we understand the meaning of, and skillfully use, body language!!

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Mirror, Mirror

on the Wall . . .

is this REALLY *what*

I look like? ?

Wait, don't answer ! !

The MOST common complaint among models for Sports Illustrated swim suit issue is:
"I LOOK FAT!!"

Communicating

our

Insecurities

through a warped

perception of our looks,

our body shapes.

According to the great humorist and syndicated columnist, Dave Barry*, men tend to form an opinion of how they look by the seventh grade, and stick to it for the rest of their lives. As an example, some men begin to think of themselves as "stud muffins", and irresistible to boot, early in life and will not change this opinion even when - and her I quote Barry directly:

- Their faces sag
- Their noses bloat to the size of eggplants
- Their eyebrows grow together to form what appears to be a gigantic forehead - dwelling tropical caterpillar

But, what about women? How do they, generally, feel about their appearance? Here it is, in three words: **"Not Good Enough."** Regardless of how attractive a woman may be, when she contemplates her image in a mirror she is simply not content. Or, as Dave Barry says: "She thinks that at any moment a municipal animal-control officer is going to throw a net over her and haul her off to the shelter."

It is this mis-communication between what we think we look like to others, and what our actual appearance really is, which sets us for a fall and causes the increase in the incidence of disorders such as *anorexia nervosa* and - as described in the next chapter - *muscle dysmorphia*.

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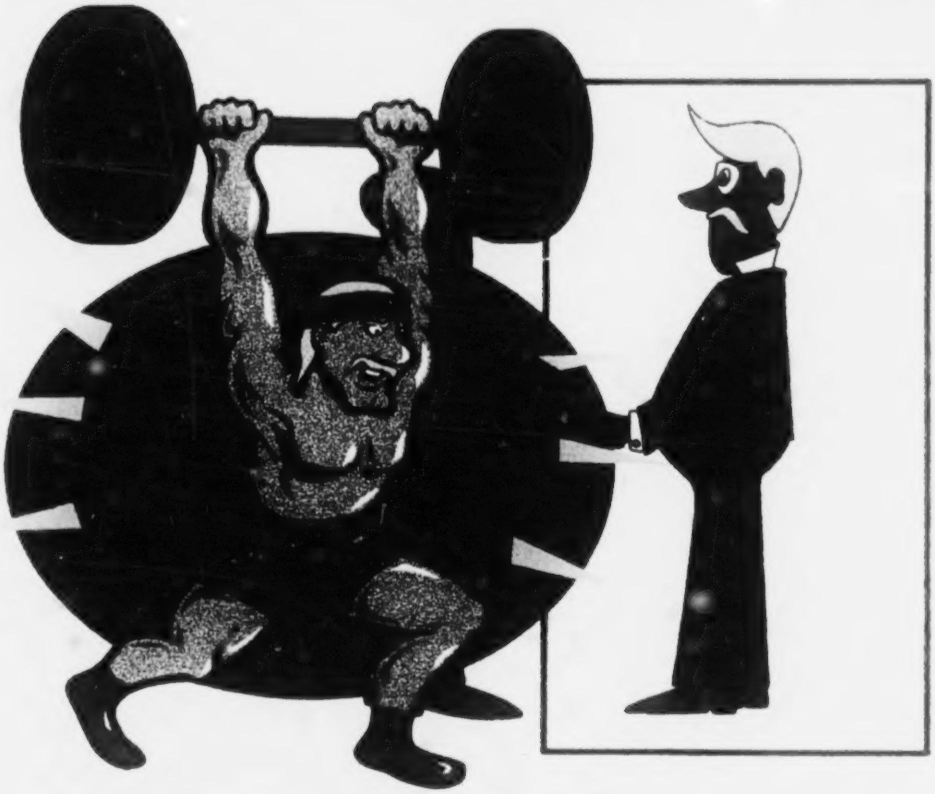
* Barry, David. Mirror, Mirror-Say, is that a caterpillar?. San Jose Mercury News, February 1, 1998.

Reflection in mirror!



Actual Body Shape

Muscle Dysmorphia

Matthew Beckwith

Margarita M. Castillo

Gina Ruby

Annette Williams

Muscle Dysmorphia

There are men and women in top physical shape, beautiful bodies with each muscle finely toned who should be proud of their looks, yet they hide under baggy, shapeless clothes. It is as if they are ashamed of these muscular bodies, however, the opposite is true. These men and women see themselves as weak, small and powerless. They are afflicted with a relatively new disorder termed **Muscle Dysmorphia**. "People with Muscle Dysmorphia are pathologically occupied with the appearance of the body as a whole; they are concerned that they are not sufficiently large or muscular." (Pope)

Our search to understand and locate information on Muscle Dysmorphia led us to Body Dysmorphic Disorder. Muscle Dysmorphia is not a recognized psychiatric disorder, however, it is a sub category of Body Dysmorpic Disorder.

Body Dysmorphic Disorder

Body Dysmorphic Disorder (BDD) is described as, "a preoccupation with an imagined bodily defect (for example, a misshapen nose) or an exaggerated distortion of a minimal or minor defect; for such a concern to be considered a mental disorder, it must cause the patient significant distress or be associated with impairment in the patient's personal, social, or occupational life." Although a new disorder, BDD was recognized about 100 years ago. Even though the disorder has been largely studied in Europe, "it was not until the publication of DSM-III in 1980 that dysmorphophobia disorder was specifically mentioned in the United States diagnostic criteria." (Brown)

Body Dysmorphic Disorder is a poorly studied condition, partly because the patients do not go to psychiatrists.

Body Dysmorphic Disorder is not discussed or even well known. The reason for this is those afflicted seek help from dermatologists, plastic surgeons and the like, rather than psychiatrists. Dr. Karen Phillips, psychiatrist from Brown University, estimates that "as many as one in fifty people may have the disorder, most of them men and women in their thirties."

Reverse Anorexia?

Last Year Americans spent $2.8 Billion on commercial gym memberships

Body Dysmorphic Disorder is gaining recognition and is beginning to be studied more. One of the inherent differences between Muscle Dysmorphia and BDD is that often, as mentioned before, BDD sufferers have a real defect, as minuscule as it may those that suffer from Muscle Dysmorphia generally have no real defect. They will seek help from dermatologists and other doctors who are unable to effectively treat their disorder. Some experts refer to Muscle Dysmorphia as reverse anorexia since these men and women do not try to lose weight, they try to gain weight and muscle. Many view it as absurd that men and women with beautiful bodies cover them up and obsess over not being their ideal size; to people who suffer from this disorder, however, it is very serious. "'It's a preoccupation so powerful those who suffer from it often give up their jobs so they can spend all day at the gym', according to medical investigators in the US and England reporting in a recent issue of **Psychosomatics.**" (Smith, USA Today)

"Data Suggests that Muscle Dysmorphia, though rarely recognized, may affect substantial numbers of Americans"
- Pope

Dr. Harrison G. Pope, a biological psychiatrist at McLean Hospital in Belmont, Massachusetts and professor of psychiatry at Harvard University Medical School, has conducted research on this disorder and is the one proposing the new term. Most of his studies and others done at Brown University and Keele University in England focus on men, although women are being added to the study.

In addition to causing damage to social relationships, careers and mental health, Muscle Dysmorphia can lead to the abuse of steroids. This still does not satisfy the sufferer. Dr. Pope says " this condition may cause severe subjective distress, impaired social and occupational functioning and abuse of anabolic steroids and other substances." (Woods, Toledo Blade)

Treatment

People with Muscle Dysmorphia often fail to seek professional help because it is not considered a life threatening illness such as anorexia. Research is now underway for an effective treatment. Some patients have been helped by tricyclic antidepressants, monamine oxidase inhibitors or primozide (orap.) Other medications such as Prozac and Anafranlin have reduced symptoms by up to fifty percent.

Most sufferers of BDD and Muscle Dysmorphia have co-existing mental health problems such as depressive and anxiety disorders. Research is also showing these patients exhibit traits of obsessive-compulsive, schizoid and narcissitic personality disorders.

Although Muscle Dysmorphia may possibly become the "disease of the 90's," appropriate treatment through the use of pharmacotherapy and psychotherapy should be sought for those considered at risk.

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BODY DYSMORPHIC DISORDER *

	Self-Assessment	Yes	No
1.	Are you very concerned about the appearance of some of your body that you consider especially unattractive?	☐	☐
2.	Are you very concerned about the appearance of some part(s) of your body that you consider especially unattractive?	☐	☐
3.	Is your main concern with your appearance that you aren't thin enough or that you might become too fat?	☐	☐
4.	Have your defect(s) caused you a lot of distress, torment or pain?	☐	☐
5.	Has it significantly interfered with your social life?	☐	☐
6.	Has your defect(s) significantly interfered with your job or your ability to function in your roles(s) (e.g. as a mother, friend, homemaker)?	☐	☐
7.	Are there things you avoid because of your defect(s)?	☐	☐
8.	Have the lives or normal routines of your family or friends been affected by your defect(s)?	☐	☐

9. How much time do you spend thinking about your defect(s)?

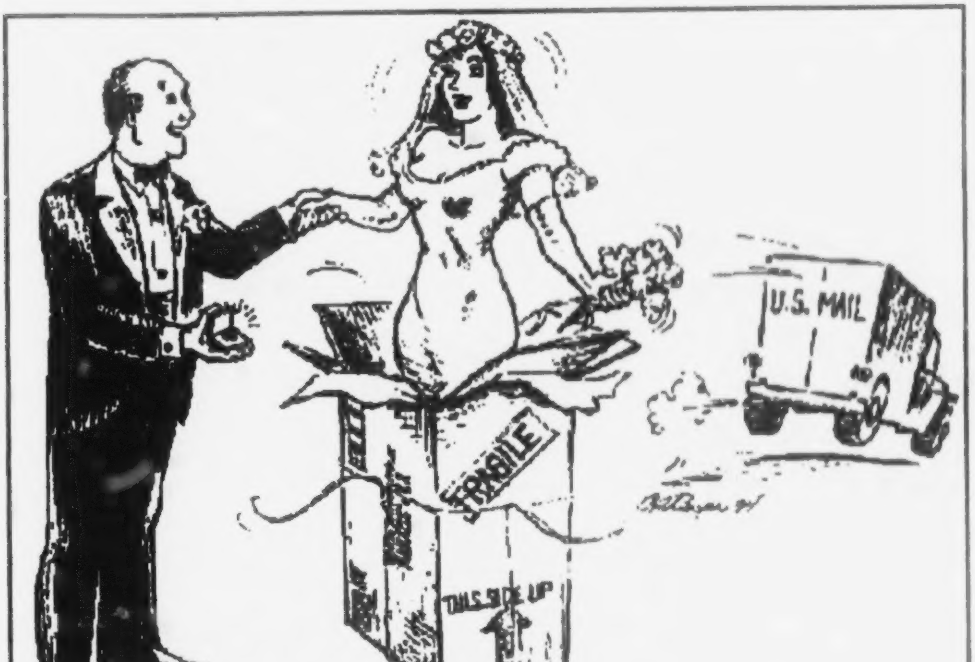
☐ Less than one hour?
☐ One to three hours?
☐ More than three hours?

The more "yes" answers you have, the greater the possibility you may suffer from some degree of Body Dysmorphic Disorder.

* Adapted from: http redbookmag.com/depts/health/12bodqzl.htm

Love International Style

“Mail Order Bride!”



Crystal Beget-Cripe
Nancy McCormick
Rickey J. Staggs
Cyd Zipf

Love International Style

Many American men are marrying complete strangers who barely speak English. Isn't that strange? Can they find true love and happiness through the help of mail order bride or pen-pal services?

The Industry

Some companies use photos of scantily clad women in their slick advertising.

Most of the companies involved in the "mail order bride" industry believe the term is a misnomer. The term "mail order bride" implies the gentlemen are ordering, and receiving, a bride; this simply isn't true. A majority of the companies claim to be providing a service to meet the needs of American men. It is important to realize, however, these are profit earning entities that charge for the names and addresses of interested women. A large portion of these companies have slick advertising with alluring photographs of scantily clad women. The larger the payment, the more addresses a gentleman receives. These same companies sponsor matchmaking tours which can cost as much as $4,000. As odd as it may seem, these companies are flourishing. What are the reasons? Who are the men who use these services.

BEST COPY AVAILABLE

Why Men Look Elsewhere

There are many reasons why men look elsewhere, but the primary reason is a disdain for the women's rights movement. In 1990, approximately 3,500 American men married "mail order wives" (Narayan, 3). Many men who look overseas, although this is changing, are divorced and middle aged. Most desire a woman who will be their companion not their competitor. Simple economics have forced many women into the workforce and a portion of men resent it. The gentlemen using pen-pal services hope to find a woman who will focus on her husband and children. Most companies cater to these desires by writing about the submissive and traditional character of foreign women.

Many American men have found happiness with women they have met through these services.

Why Women Volunteer

It is easy to claim these women are looking for a free ride to the United States, however, that is generally not the case. As negatively as American women view American men, they are generally better husbands. Most of the women that volunteer their names and addresses come from countries where women are second-class citizens. Many women are not treated well in their own cultures and American women are treated quite well by world standards. Irma, 34, from Colombia stated, "North American men have more respect for women" (Laughlin, 18). For this reason, American men are appealing to foreign women. Currently, women from Russia, Poland, China, Indonesia, Colombia, and Mexico are seeking an American mate.

Caution!

When Searching for a Foreign Wife.

- **You May be exploited...**

  There may be some women who are looking for more than a wedding ring. It is important to discover her true motivation.

- **Scam Alert**

  Almost all scams involve money. If a woman asks you to send money you should refuse. Occasionally men pose as women to see if they can get money from the American suckers.

- **Just because she's beautiful...**

  Don't immediately assume that a woman is trying to scam you because her photographs are beautiful. Ask for snapshots and look for sincerity in her letters.

- **VICTIM?**

  Do not involve yourself with any woman who portrays herself as a victim.

Don't assume that a woman is trying to scam you because her photographs are beautiful.

- **She's Eager...**

  Most foreign women are not overly aggressive, be careful if she comes on too strong.

- **Sincerity Test...**

  If your relationship is progressing offer to visit her to see if she is sincere.

- **What? The, Bride has a price...**

  In many cultures it is common to pay a bride price. From the inception, inform the woman and her family that this is not acceptable.

Sound Advice

- **Never send you pen-pal money!**

  The goal should be to develop, not purchase, a relationship.

- **Include a photo of yourself.**

  Chose a picture that will represent yourself and your hobbies.

- **Make your letter stand above the others.**

  Include something special that distinguishes you.

- **What if you pen-pal's native language in not English?**

  Keep your letter simple and avoid words with too many syllables.

- **Keep you first letter simple and on the light side.**

  Don't discuss the issue of marriage. Focus on your hobbies, interests, and daily life.

- **Inquire about her interests...**

  Let her know that you are interested in her life by asking questions.

- **Use a reputable travel agency when visiting you pen-pal.**

  Traveling abroad successfully requires the planning of a good travel agency.

- **So, you want to "Marry" your pen-pal!**

  Becoming a U.S. citizen is a long and complex process. Acquire the services of an attorney specializing in immigration law.

- **Be patient! Correspond to many different women.**

  This process may lead to the most important decision of your life.

Domestic Violence and Immigrant Women

The majority of immigrants in the United States are women. Most of these women are dependent on their American husbands and the survival of their marriage to gain citizenship. This dependency makes immigrant women more vulnerable to violence and abuse. One study revealed that 77 percent of women with dependent immigrant status are battered (Narayan, 2). Generally, these women are more socially, economically, and culturally dependent on their husbands. Most are unable to work outside the home due to their immigration status. If their English skills are poor, they have a difficult time communicating and establishing relationships with others. These women have few resources at their disposal to change their husbands behavior, therefore, they are likely to suffer prolonged physical abuse.

Achieving successful cross-cultural relationships

Sobering Advice

- **You may experience a lack of interest in your partner's culture...**

  We are shaped by the culture in which we are raised and we all tend to be ethnocentric.

  Don't assume that you will always be fascinated with your mate's culture.

- **You can't change your partner...**

  Acknowledge your differences and learn not to expect change.

  Your future depends on communication...

  Discuss every aspect of your lives together.

- **Refusal to discuss openly...**

  Try to discover why your partner does not want to discuss certain issues. Is there a cultural basis for this avoidance?

- **Communication is necessary in areas of sensitivity...**

  Attempt to talk about difficult subjects like religion, extended family, and children. Don't be like Rich and Fanny who have the perfect relationship, except for one problem. She wants children and he doesn't (Laughlin, 24).

- **Language barriers...**

  It is vital to have a language in which both partners are fluent. It is important to understand the subtleties expressed in language.

- **Why?**

  Are your motives, for marrying this person, honorable? Do not enter into a relationship because you believe it will be convenient.

- **Money matters...**

  The handling of finances is a major issue in any relationship. Different cultures hold varying views on the distribution of money. Look at your finances and attempt to formulate a budget together.

- **Extended families...**

  American families are very independent, primarily living with the nuclear family, however, in other countries extended families are common. Sort out potential problems and try to be understanding of your in-laws.

- **Be supportive...**

  There will be rocky periods in your relationship. Try to understand your partner's perspective and appreciate this learning experience.

- **What rules?**

  Cross-cultural marriages can be enriching and satisfying. This may be your biggest challenge and greatest adventure!

Final Words

Meeting and marrying a woman through an international dating service may not be for everyone. If you do decide to utilize one of these services, remember, communication is the key to any successful relationship. Before you rush into anything, take the time to correspond with your pen-pal and meet her face to face. If you are just looking for a woman who will submit to your every command, **stay single**! The women who participate in these services are looking for caring relationships and they are willing to travel to a new country to find it.

Single woman, 25, speaks English well, looking for a companion and life partner, not a master.

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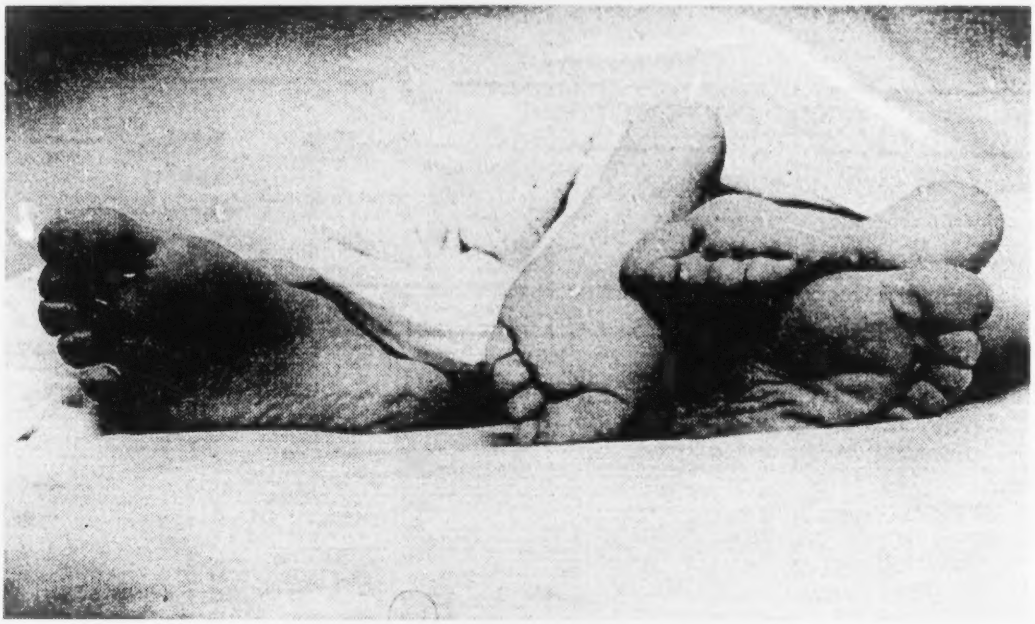
Talking Between The Sheets

Improving Communication in the Bedroom



Rebecca Robbins

Robert Torres

Shoua Yang

Talking Between the Sheets:

Improving Communication in the Bedroom

"*When the attraction fizzles, a couple usually stops having sex".*

When you connect with someone romantically, fall in love and marry, the two of you "instinctively focus on each other, enjoying good conversation and great sex," says John Gray, Ph.D., author of *Men are From Mars, Women are From Venus.* While you gaze into each other's eyes, you may not notice that your needs, desires and responses are very different. "But over the years you unconsciously settle into certain rhythms that come to define your marriage. Meanwhile, passion slowly fades. When the attraction fizzles, a couple usually stops having sex-which can break the emotional connection. Ultimately, the relationship between a man and a woman is inexplicably linked to their relationship in the bedroom"(Gray).

Case Scenario:

Rick was thirty-two years old, Rebecca twenty-three. They were very attracted to each other but not looking for a long-term commitment. Both had been divorced and raised in alcoholic, abusive families. Neither had learned

communication skills. None of their friends believed they would stay together because they had nothing in common outside the bedroom. Sex was the most important part of their relationship but, like eating candy, it was fun for a while and then they needed something more satisfying. What did they learn when they began talking between the sheets?

Twenty-two years later Rick and Rebecca are still married and very much in love. Their relationship has matured because they learned how to talk and listen to each other. Since their children are older now, Rebecca is not as focused on the demands of the family. She has more time and energy to devote to her own needs, including sexual ones. Rick is pleased when she does not always wait for him to initiate romance.

The sexual needs of males change with age due to the decrease in testosterone levels. Like many men over fifty, Rick is still capable of enjoying sex, but getting aroused is not as easy as when he was twenty-five. Men need stimulation, just as women need foreplay, but some are too embarrassed to request it.

Good communication requires more than words.

They are afraid of rejection. Rick is sometimes reluctant to initiate lovemaking unless he is sure his wife will respond. Rebecca, aware that her desire to make love will arouse him, lets him know when she is "in the mood."

By taking time to talk, to listen patiently, and to trust one another, Rick and Rebecca are more comfortable discussing sensitive issues. Challenges bring them closer. Their sexual attraction continues as their intimacy grows.

Good communication requires more than words. There are skills to be learned to build close and intimate relationships. Through personal experiences and research, we found these helpful:

- ♥ *Affectionate gestures*: such as holding hands at the movies or reaching over to unlock the car door can let your partner know you think he or she is special. Greet each other with a "real" kiss when you come home!
- ♥ *Show appreciation for who your partner is and what he or she accomplishes.* Compliments mean a lot when they are sincerely given. It costs nothing to compliment your partner.
- ♥ *Keep a positive attitude about your spouse.* Write down ten things you love about him or her. Focus on the positives and the negatives will not seem important. Do you remember when you were first dating? You noticed everything about each other. Do it again!
- ♥ *Do not try to change your partner; you can only change yourself*
- ♥ *Adopt an "attitude of gratitude" for little things.*

- *Develop personal signals.* Close couples often rely on signals to get their message across. For example, sending a signal that you are interested in sex may eliminate a misunderstanding and take the pressure off your partner. It can be as simple as lighting a candle, or wearing a special shirt or nightgown that lets your spouse know you are feeling "ready."
- *A good sense of humor is essential for good communication.* Tim Reid, best known for his role on the television show WKRP in Cincinnati, says that "a relationship without humor is boring. You've got to be able to laugh at yourself and your partner. You have to laugh and love because lovers do funny things that only lovers understand" (Ebony).
- *Develop sexual skills.* Good lovers are made, not born. Couples who can express their sexual needs and desires to each other will keep their bedroom activities exciting.
- *Most of all, be happy.* Happy couples communicate better, therefore have better sex.

Case Scenario:

Roberto and Lori have been married for five years. For a short time in their relationship, Roberto assumed his wife could read his mind and would know when he wanted to have sex. He would go to bed, without saying anything, and then expect his wife to "come to him." When she did not respond as

he planned, he would snatch his pillow and head toward the couch to pout the night away.

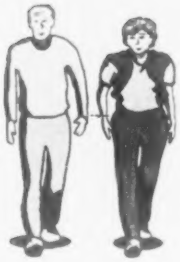
"Some silences are warming and approving; you feel glad to be in the accepting atmosphere where they occur. Other silences are rejecting and disapproving, leaving you feeling like an unwelcome icicle that should have remained out in the cold. In a love relationship, they are lethal," says Eleanor Hamilton, Ph.D. For the partner receiving the vibes of silence, it is frustrating having to guess the reasons for it, and may lead to feelings of personal insecurity and doubts about the relationship.

In Roberto's case, he soon realized his tactic was not working. Frustrated and tired of sleeping alone, he decided to stop pouting and start talking. As a result, they developed a special signal to enhance communication between the sheets. "Who would have known all I had to do was tell her what I needed," says Roberto.

The overall feeling of satisfaction in a marriage affects how often the couple has sex. The increased frequency of sex leads couples to greater marital satisfaction. In other words, happy couples have more sex than unhappy couples (Call, Sprecher and Schwartz).

Case Scenario:

Adopt an "Attitude of Gratitude" for little things.



Shoua and Sai have been in an arranged marriage for five years. Although they were both raised in the same culture and tradition, they came into the marriage with different personalities and values. Both were miserable because they could not talk without arguing and blaming each other. Because they could not negotiate in the living room, they could not make love in the bedroom. When the tension became unbearable for friends and families, the couple decided to call off the fight. Listening with empathy, as they shared their lives due to an arranged marriage, Shoua and Sai learned to work together.

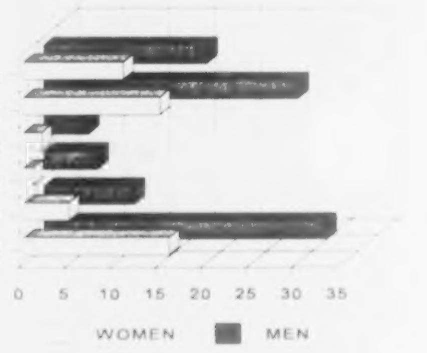
Mis-communication is a challenge for anyone, regardless of race, gender, religion or age. To survive, relationships require hard work and dedication from both partners. Sharing each other's fears and aspirations, and confiding in one another are predictors of a marriage's potential for success.

Are you satisfied with the amount of sex you and your partner are having? How does your relationship compare to others in terms of frequency? In a nationwide survey of over 7,000 married adults, couples aged 25-29 are having sex 10 times a month on average and couples aged 30-34 are having sex 8.5 times a month.

Surprisingly, couples can remain sexually active well into their seventies (Call, Sprecher, and Schwartz). When asked when sex ended for him, the late George Burns replied "about three o'clock this morning." He was eighty-two at the time.

The research by Call, Sprecher and Schwartz prompted us to do our own. We surveyed forty-eight adults who have been in a relationship for an average of three years. Instead of looking at frequency of sex, we were interested in the individual's sexual satisfaction and willingness to communicate about sexual problems. The results:

	Women	**Men**
1. I enjoy my sex life	**31**	**16**
2. Partner does not want sex	**10**	**5**
3. I have cheated	**6**	**1**
4. My partner has cheated	**5**	**2**
5. I can discuss sexual problems	**28**	**15**
6. Partner can discuss sexual problems	**18**	**11**



These results led us to conclude that good communication is essential to any relationship. Couples need to make time with each other a priority. Everyone has an innate need for support, affection and sex; we must nurture our partners in the bedroom. To have a successful marriage, we must be willing to make changes, if needed. Remember, "*If you always do what you have always done, you will always have what you have always had.*"

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Okay, we took off our clothes, I got on top of you... How long 'til it starts feeling good?
I don't know but I've got a headache already!

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Monkey See, Monkey Do

What Children Learn From Their Parents' Relationship

James Donkin

Tracy McCafferty

Kristen Strong

WHAT CHILDREN LEARN FROM THEIR PARENTS' RELATIONSHIP

It wasn't a particularly dramatic moment, but as Kristen watched her two sons talk to each other, she felt a powerful flash of recognition. Her 8-year-old, Jake, was painting a picture and wanted to be left alone. But Zachary, Jakes's 4-year-old brother, insisted that Jake drop what he was doing and come play with him. As Jake calmly continued to paint, he looked at Zachary and told his brother, "I can't play with you now. But I will when I am done, I promise."

Why did the scene strike such a familiar chord? From the way Jake raised his eyebrows to the way he gestured, **HE BEHAVED LIKE A MINIATURE VERSION OF HIS DAD.**

It is not surprising parents see aspects of their marriage, and how they communicate, mirrored in their children's conduct. New research indicates the way children get along with other kids, including their siblings, closely correlates with how their parents get along with each other. In other words, children begin to understand how men and women relate to each other by observing their parents.

Children also learn how to give and take, how to handle anger, and how to express their feelings through the observation of parental role models.

A parental marriage provides the bedrock for their own child's future marriage. It is essential for their happiness to understand adults can share a mature and loving relationship with a spouse; but this type of relationship takes time, energy and privacy. Happily married parents are the absolute best role models to teach children about the commitment, communication and creative conflicts that allows a marriage to thrive.

One of the basic lessons children absorb from their parents is an image of what they expect their own intimate relationships to be. By watching you treasure your spouse's company, your children come to understand that a vibrant adult relationship is a possibility for them, also.

When parents are affectionate, they send a powerful message: they love each other and are happy to show it! That is reassuring for kids to see. For example, when parents hug each other, often times the children squeeze in for they want to be part of the action. From this positive model, children learn to display caring and respect for friends, teachers, and family. Unfortunately, many couples - despite their love for one another, are so pressed for time contact is reduced to the bare minimum: hurried good-bye in the morning, distracted exchange on the phone, a cursory recitation of car pooling schedules. And even though they don't mean to, such behavior sends powerful messages to their children.

Parents can accomplish a happy, healthy relationship by making a **COMMITMENT** to one another and their, marriage. This is the foundation of any genuinely loving relationship. Part of the commitment is making the marriage a priority. A daily investment in finding ways to confirm and enhance a relationship is a must.

Consider:

- Accepting your fair share of responsibility for making the marriage work.
- Encourage your spouse daily.
- Continually express what you like and love about your spouse.
- Show affection.
- Express freely, and often, what is important about your marriage.
- Have mutual friends.
- Be faithful.
- Plan the future together. Set goals and priorities for your marriage.

Another aspect of a happy and healthy relationship is **communication**. Communication is a choice to love, to share and to forgive. It is vital a couple realizes what types of words, gestures, tone of voice and touch may lead to breakdowns in communication. Couples must seek to be open, without the fear of misunderstanding or misuse of what has been shared. The desire to share in struggles and hardships, in growing and dreaming, and in deciding and implementing must be there. For successful communication we offer these suggestions:

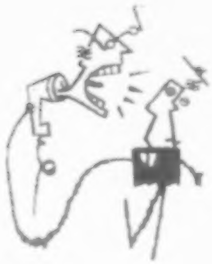
- Be open and accepting toward each other.
- Understand that men and women communicate differently.
- State your needs and wants directly.
- Never keep secrets (that will hurt) from your spouse.
- Share beliefs and values.
- Cooperate sexually. Be creative and open minded.
- Prepare for rough times ahead.
- Listen with your eyes.
- Understand your partner; do not resort to blaming.
- Even if difficult, keep the lines of communication open.

Handling arguments and disagreements can be a tricky issue, especially when considering children learn how to express their own anger **BY WATCHING YOU** deal with yours. Suppressing your anger, or hiding it from them, actually does more harm than good.

When parents try to hide conflict, children don't realize that relationships are always evolving; they don't learn to deal with problems. They'll try to repress their emotions, and often retreat - a style of coping that could follow them into adulthood.

Children are particularly distressed by anger that simmers right below the surface. A toddler, for instance, may not understand the meaning of words, but is sensitive to loud vibrations, angry facial gestures, and tense body affect. The toddler senses something is wrong with your world - though she is not quite sure what - and thus, by connection, her world too. Even more perilous for older children, from the age of 3, who tend to personalize unexplained anger: often they feel responsible, believing they have done something wrong to make their parents angry.

Acknowledging anger as a real emotion, and dealing with it in a positive way, will give your children a model to follow. By observing how you and your spouse solve problems, the children begin to construct a view of how they want to be treated. Children learn by example: if their mother has had a bad day and they see their father making an effort to comfort her, they begin to realize how family members can help each other feel better. Children learn that it is okay to say "I'm tired. I'm angry."



Children's self-esteem can also be affected by their parents' marriage. Seeing how you and your spouse tackle both the minor glitches and the major dilemmas of life, they come to feel the world is full of possibility and that they can have an effect on it or, conversely, that the world is limited and beyond their control. When parents shout at each other, "it's all your fault," children learn to mimic "blaming" behavior. But if one parent says to the other, "I'm angry and you're angry, but we can work out a solution," then children learn the value of negotiation. It is the unresolved argument that children find most traumatic.

Does it help to tell your children directly that a fight is over? Chances are they understand from your body language and tone of voice when things have returned to normal, but it is much better for them to hear an explanation than to be told nothing at all. Reassuring them by explaining "Dad and I were upset with each other, but we've talked and feel much better now." Sometimes the resolution is by compromise, other times by abdicating one's point of view; either way, it's important to tell the children, face-to-face, to prevent misunderstandings and allay their fears.

No matter what anyone says, there is no "perfect family". Many times couples compare themselves to others and feel they come up short. If a family can identify with two or three of the fifteen traits listed below they can congratulate themselves. They have a successful family.

A family that....

1. Talks and listens to each other.
2. Has love and concern for one another.
3. Teaches respect for others.
4. Has developed trust.
5. Plays and laughs together.
6. Shared Responsibilities.
7. Teaches values.
8. Has values and traditions.
9. Members balance time and attention amongst each other.
10. Has religion.
11. Respects privacy.

12. Serves others.
13. Has family meals.
14. Spends free time together.
15. Comes up with solutions to problems together.

Bringing up children is one of the most important jobs an adult undertakes, yet no training is ever received. Parenting, as we have discussed, is learned from the parenting received, so patterns - whether negative or positive - tend to be repeated. You can break free from the past. One of the great benefits of adulthood is that one has the chance to break out of the mold our parents helped forge.

Communicating to our children just how much we and our spouses care for one another through our actions, not just our words, is extremely important. When husbands and wives greet each other warmly after a long day at work, turn off the television to share jokes and the day's experiences, cook dinner, or just have fun together, their children take in these positive and loving scenes. They learn home is a warm place to return to; that listening requires attention; that life - and mistakes - can be funny; that in every marriage, a certain amount of conflict is inevitable and that being married holds more promise than just car pools, chores and bills.

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The Biology of Aggression

Tom Murray, *The Chronicle*

Aggressive Behavior

Finding a link to brain activity

Imagine a person who suffers a head injury serious enough to cause a coma. He emerges neurologically intact, except his personality has changed, turning him from a calm Dr. Jekyll to a sinister, violent Mr. Hyde. His life was spared, but his behavior is impulsive, socially inappropriate and aggressive.

The biological basis for clues to aggressive behavior are beginning to emerge. At the annual meeting of the Society for Neuroscience in New Orleans, November 1997, Dr. Daniel Hommer, a senior scientist at The National Institute of Alcoholism and Alcohol Abuse, reported: "It is bizarre, these guys look very much like people with antisocial personality disorder, exhibiting bad behavior".

Using PET (Positron Emission Tomography) and MRI (Magnetic Resonance Imaging) scans, Dr. Hommer studied patients who had suffered head injuries from car accidents and had been unconscious (comatose) for no less than three days, and as long as a month. They all seemed to recover but their behavior changed for the worse; not only were they prone to acting out aggressively, and impulsively, but as many as two-thirds became addicted to alcohol and/or drugs. The men had no changes in memory or intelligence. Their behavior just became erratic.

The Findings:

- Significant decrease in glucose (sugar) in regions of the brain associatied with emotional and social behavior.
- Specifically, Limbic regions on the right side of the brain did not appear to process information correctly.
- Similar reductions in glucose were found in the right Caudate Nucleus and right Thalamus.
- Significant correlations between metabolism and aggressive behavior were observed.

Many of the changes occurred in the right side of the brains, regions known to be very important for emotional control. Whether neurons (brain cells) in the affected regions have been damaged is not yet clear.

What's next? Dr. Hommer and his research team will now expand the investigation by doing brain scans on men with antisocial personality disorder who have not suffered traumatic head injuries.

Carlos A. Bonilla

Jerry L. Roberson

Battered Bodies and Broken Dreams

Los Angeles Times-7/22/96

Katherine Lauderdale
Na Vang
Jamie Weidman

Battered bodies and broken dreams follow many "happily ever after" marriage vows. Domestic violence was considered a "taboo" subject until the O. J. Simpson case brought national attention to spousal abuse. The Simpsons were wealthy, visible, successful and intelligent but why should it take the death of a beautiful, vital, young mother to awaken the public to the existence of this problem? This is one of many questions that stem from ignorance regarding the extent and prevalence of abuse in American society.

To understand the dynamics of domestic violence, which runs rampant in society today, we need to comprehend why victims stay and what power holds them there. The reasons are many and varied but, surprisingly they are common. They become the weapons used to keep the victim ensnared.

Shh!!!!

One powerful weapon is the secrecy of the abuse itself. The "secret" of the abuse can remain unchecked until it is too late. When we communicate the truth about abuse, we begin to break the cycle of terror and violence in the lives of victims. The American culture has developed myths about spousal abuse which when explored yielding the facts and exposing the ignorance lead to effective solutions.

Domestic violence is not a "we/they" problem. There is no specific "type" of a person that becomes a victim. It is "not about the woman. It is about the culture" (Marano). Since the ways of life common to a society make up its culture, we must challenge the myths and expose this blight in American society.

MYTH # 1: Abuse is a brief loss of control.

The culture . . . Believes women are the "social and sexual caretakers of men"
Sandra Buel

Abuse is more about control than loss of control. It is not one incidence of anger. By force, batterers gain control and get what they want. This negative reinforcement encourages repeat behavior. Each time abuse reaps a reward the perpetrator is more likely to try it again, thus repeating the cycle until something breaks the reinforcement.

Abuse is "socially reinforced" because the culture as a whole, believes women are the "social and sexual caretakers of men" (Marano). "One in five women victimized by their spouses or ex-spouses report repeated victimization by the same person." In a study of 29 women killed in domestic violence, 17 had made prior calls to 911 (Lundberg). **REPEATED BATTERING CANNOT BE A TEMPORARY LOSS OF CONTROL.**

MYTH #2: Violence affects only a few women who allow themselves to be victims.

This myth assumes violence has specific victims. During a trial on domestic violence, a chief of police made a comment to Sandra Buel "See, a smart woman like you would never let this happen." She responded that he was wrong, because "it did happen . . . challenging his blame-the-victim tone" (Marano). In the United States, a woman is beaten every fifteen seconds. The "battered women" syndrome is a global problem. Women beat by their intimate partners is the leading cause of injury and death to women worldwide (Mills). The woman is not the only victim. This violence also affects children caught in the midst of the abuse.

These children feel helpless in aiding their mother and often turn to violence themselves. Sixty-three percent of the young men between the ages of eleven and twenty who are serving time for homicide killed their mother's abuser. The children also become victims: half of the children growing up in a home with domestic violence report being abused as adults (McCauley). Many of these children will become batterers when they are adults increasing the cycle of terror to another generation.

63% of the young men between the ages of 11 and 20 . . . serving time for homicide killed their mother's abuser.

MYTH #3: A woman can easily leave the abusive home/relationship.

Women who leave their abusers are at a 75 percent greater risk of being killed by the batterer than those who stay. Over half of the women examined in the emergency room for domestic violence, ascribed their abuse to a past partner (Flitcraft). Women are at the greatest risk if they choose to leave. That is when abusers get desperate and increase their tactics of control. More women are killed while fleeing their abuser and, the threat of physical abuse is effective in keeping the victim from leaving (Marano).

Physical retribution is not the only reason making it hard for women to leave. Abusers make it painfully clear there will be a fight for custody of their children, another control issue. Victims feel they will lose custody or be "unable to protect them." A Massachusetts study documented, in 70 percent of custody cases, the father successfully attained custody of their children (Marano).

Nearly half of all homeless women and children are homeless due to domestic violence.

When a woman decides to leave her abusive spouse, expedient recourse must be available to ensure she can protect herself and her children. Nearly half of all homeless women and children are there because of domestic violence in the home. In fighting domestic abuse, societies need to provide places of refuge while they help sort out what is best for all concerned.

Unequal Prison terms:
Batterers typically get 2 - 4 years.
Wives typically get 14-18 years.

Is a place of refuge enough? Sandra Buel, concerned by what she feels is "discrimination against women through the law," says that it is not (Marano). A study shows that in the United States, a "batterer who kills his wife typically goes to prison for two to four years, whereas a woman who kills her abuser gets fourteen to eighteen years" (Mills). Law enforcement needs education and the authority to handle domestic violence. The power and control issues do not stop with the divorce. Abusers continue to stalk their partners, even those under the protection of the court with a divorce or restraining order.

Behaviors of perpetrators:
Intimidation
Stalking
Threats
Isolation
Blame
Manipulation
Terrify
Secrecy
Harassment
Psychological abuse

In most cases divorce escalates the problem. "Myths" state the abusers use acts of violence along with a series of behaviors, including intimidation, threats, psychological abuse and isolation. Batterers dodge responsibility for their own actions shifting the blame to others, especially their victims. They are great manipulators and can manipulate the law enforcement system. Many continue to stalk and terrorize their victims despite the pages of police documents and restraining orders to stop them. Domestic violence becomes a potential life threatening risk to policemen (Marano).

Law enforcement is only part of the problem. Women have a difficult time finding help. They are confused and unable to trust. They have put their trust in a husband. That violated trust renders them vulnerable and less likely to trust in the future, particularly in men with power.

Dr. Richard F. Jones writes in The Journal of American Medical Association, that the "first time he began to comprehend the effects of domestic violence on his patients" he was amazed. He thought he was a "caring sort of doctor." He spoke to a district attorney about the problem. He believed unless the patient broached the topic in the first place, it was none of his business. Then, when he asked a patient, whom he suspected was abused, he was astonished. The problem is too large to ignore or to neglect by failing to ask patients about abuse.

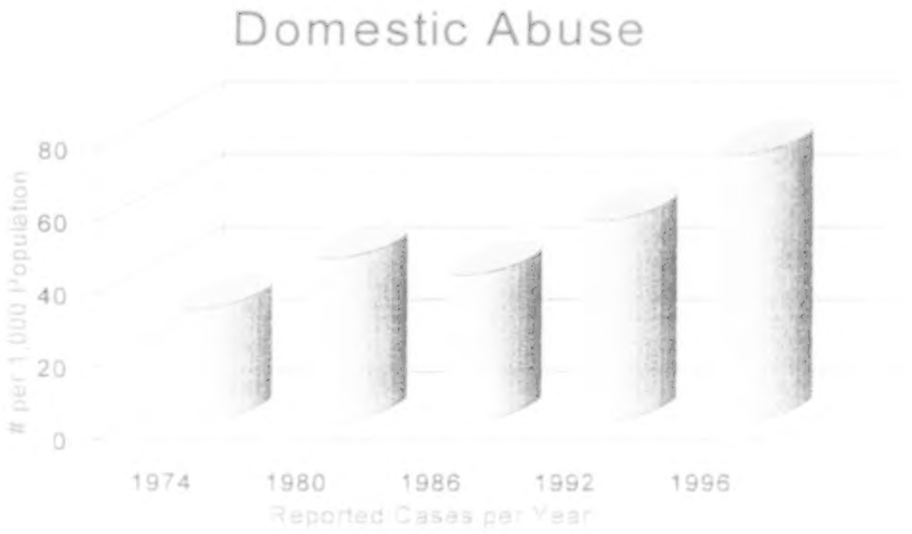
"I viewed myself as a caring sort of doctor..."
Dr. Richard F. Jones

Doctors see abused women all the time and do not know it. Patients should be questioned about abuse as routinely as asking: here does it hurt. It is a large step in helping the victim.

"From 1973 through 1992 about 2000 women per year in the United States died as a result of domestic violence."
Dr. Richard Jones

No one is exempt!

Many perpetrators were victims themselves but, having been victimized is not an excuse to abuse others. Finding the solution to problems of this size must start with effective communication and the pursuit of the truth. **One truth is that no one is exempt**.



Adapted from the Bureau of Justice Statistics

Domestic violence is a widespread problem from the wealthy (O. J. Simpson) to the inner city slums. O.J. Simpson put on a great front and became the victim. Divorce did not stop him. He stalked, followed, peeked at and harassed his wife, Nicole (Marano). Now that the "public has discovered" spousal abuse, it is time the American society does something about it.

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"We the people of the United States. . .

The first paragraph of the United States Constitution states our government was established to "insure domestic tranquility" and "promote the general welfare" of its citizens. Domestic tranquility is the antithesis of domestic violence. Promoting general welfare is not accomplished by overlooking the violence perpetrated on victims. Our society decided from the beginning to protect those who needed protection. We believe it is time we extend that protection to the victims of domestic violence.

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DOMESTIC VIOLENCE

a
Guide to Resources

- National
- State
- Regional
- County

Guide to Resources:

- National Domestic Violence Hotline 1-800-799-SAFE
  1-800-787-3224 (TDD service)
  Provides emergency and non-emergency referrals to domestic violence resources in your area. (Multilingual services are available)

- State Domestic Violence Coalitions
  - Alabama Coalition Against Domestic Violence: 334-832-4842
  - Alaska Network on Domestic Violence and Sexual Assault: 907-586-3650
  - Arizona Coalition Against Domestic Violence: 602-279-2900
  - Arkansas Coalition Against Domestic Violence: 501-812-0571
  - California Alliance Against Domestic Violence: 209-524-1888
  - Colorado Domestic Violence Coalition: 303-831-9632
  - Connecticut Coalition Against Domestic Violence: 860-524-5890
  - D.C. Coalition Against Domestic Violence: 202-783-5332
  - Delaware Coalition Against Domestic Violence: 302-658-2958
  - Florida Coalition Against Domestic Violence: 800-500-1119
  - Georgia Advocates for Battered Women and Children: 800-643-1212
  - Hawaii State Coalition Against Domestic Violence: 808-486-5072
  - Iowa Coalition Against Domestic Violence: 800-942-0333
  - Idaho Coalition Against Sexual and Domestic Violence: 208-384-0149
  - Illinois Coalition Against Domestic Violence: 217-789-2830
  - Indiana Coalition Against Domestic Violence: 800-332-7385
  - Kansas Coalition Against Sexual and Domestic Violence: 913-232-9784
  - Kentucky Domestic Violence Association: 502-875-4132
  - Louisiana Coalition Against Domestic Violence: 504-542-4446
  - Maine Coalition for Family Crisis Services: 207-941-1194
  - Maryland Network Against Domestic Violence: 800-MD-HELPS
  - Massachusetts Coalition of Battered Women's Service Groups: 617-248-0922
  - Michigan Coalition Against Domestic Violence: 517-484-2924
  - Minnesota Coalition for Battered Women: 800-646-0994
  - Missouri Coalition Against Domestic Violence: 314-634-4161
  - Mississippi State Coalition Against Domestic Violence: 800-898-3234
  - Montana Coalition Against Domestic Violence: 406-443-7794
  - Nebraska Domestic Violence and Sexual Assault Coalition: 800-876-6238
  - Nevada Network Against Domestic Violence: 800-500-1556
  - New Hampshire Coalition Against Domestic and Sexual Violence: 800-852-3388

Resources Continued:

  - New Jersey Coalition for Battered Women: 609-584-8107
    For Battered Lesbians: 800-224-0211 (in NJ only)
    New Mexico State Coalition Against Domestic Violence 800-773-3645
  - New York State Coalition Against Domestic Violence: 800-942-6906
  - North Carolina Coalition Against Domestic Violence: 919-956-9124
  - North Dakota Council on Abused Women's Services: 800-472-2911
  - Ohio Domestic Violence Network: 800-934-9840
  - Oklahoma Coalition Against Domestic Violence and Sexual Assault: 800-522-9054
  - Oregon Coalition Against Domestic and Sexual Violence: 503-223-7411
  - Pennsylvania Coalition Against Domestic Violence/National Resource Center on Domestic Violence: 800-932-4632
  - Rhode Island Coalition Against Domestic Violence: 800-494-8100
  - South Carolina Coalition Against Domestic Violence and Sexual Assault: 800-260-9293
  - South Dakota Coalition Against Domestic Violence and Sexual Assault: 800-582-9196
  - Tennessee Task Force Against Domestic Violence: 800-356-6767
  - Texas Council on Family Violence: 512-794-1133
  - Utah: Domestic Violence Advisory Council: 800-897-LINK
  - Vermont Network Against Domestic Violence and Sexual Assault: 802-223-1302
  - Virginians Against Domestic Violence: 800-838-VADV
  - Washington State Coalition Against Domestic Violence: 800-562-6025
  - West Virginia Coalition Against Domestic Violence: 304-765-2250
  - Wisconsin Coalition Against Domestic Violence: 608-255-0539
  - Wyoming Coalition Against Domestic Violence and Sexual Assault: 800-990-3877

- California Domestic Violence Resources
  - Central Coast: 805-922-4523
  - Los Angeles: 213-688-9350
  - Orange County: 714-953-0686
  - San Diego: 619-490-2800
  - Stockton: 209-941-2611
  - Lodi: 209-368-3406

- San Joaquin - 24 Hour Crisis
  - Domestic Violence Crisis Line: 209-465-4878
  - Sexual Assault Crisis Line: 209-465-4997

Appendix I.

Are you in an ABUSIVE RELATIONSHIP?

☑ CHECK IT OUT! !

- are you frightened of your partner's anger/temper ☐
- yield to your partner's demands because you are afraid of your partner's anger or moods ☐
- apologize to people for your partner's behavior when you have been abused ☐
- make decisions about going places or seeing friends according to how your partner will react ☐
- feel threatened by your partner's jealousy or anger ☐
- have been hit, kicked, choked, shoved, had things thrown at you, had your hair pulled, have been forced to have sex ☐
- have been put down, called names, told it's your fault ☐
- stop seeing friends or family members because of your partner's anger and controlling behavior ☐
- feel you should help your partner overcome their problems with violence ☐
- abuse drugs or alcohol to escape the pain and reality of your relationship ☐

Appendix II.

Is your PARTNER a potential BATTERER?

☑ CHECK IT OUT! !

- extreme jealousy ☐
- sulking silently when upset ☐
- has difficulty expressing feelings ☐
- has hit, shoved, choked or kicked you ☐
- has broken things, thrown things at you in anger ☐
- has an unpredictable and explosive temper ☐
- criticizes and blames you frequently ☐
- is controlling of your behavior, money, decisions ☐
- was physically or emotionally abused as a child ☐
- witnessed or was aware of father abusing mother ☐

What Happened to our Angel?

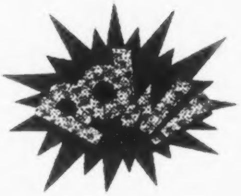
Teenage Violence Hits Home

Lillian Q. Castro
Richard Kent
Katherine Lauderdale

Whatever happened to the "Leave it to Beaver" families? Dad left for work with a briefcase, and dressed in a suit and tie. Mom made breakfast, wearing pearls and a dress, with her hair perfectly coiffed. The major problems facing parents of this era consisted of children being disciplined for chewing gum, talking out of turn, running in the halls, cutting in line, or littering. The forties are gone and so are the minor irritations of those "gentler years." Problems facing parents today are catastrophic: drug and alcohol abuse, teenage pregnancy, suicide, rape, assault, and robbery; but most alarming is the violence perpetrated against them by their own flesh and blood, their children.

Characteristics of Family Violence

There are many common characteristics of family violence. A high level of stress is associated with living in today's society and seldom does only one kind of violence exist at a household in upheaval. Child abuse, spousal abuse and teen violence can coexist or can be independent of each other. They cause a breakdown of the family unit. Without timely identification and intervention, children who witness family violence may perceive such behavior as usual or acceptable, thus ensuring another generation will continue the cycle (Brookoff). Recent studies show children who were



exposed to violence at an early age are more likely to commit violent acts than those adolescents who were not (Kilmer).

Teen may be more likely to strike out at their parents if high on drugs or intoxicated.

Substance Abuse

Violent behavior occurs in households where there is substance abuse. Teens who use drugs may use chemical dependence as an excuse for their outrageous and exploitative behavior toward their parents. It results in inconsistent parenting, emotional trauma, emotional instability, and depression. Teens may be more likely to strike out at their parents when high on drugs or intoxicated (Kilmer).

Immature Parents and Isolation

Immature parents who are ill-prepared to accept the responsibilities of child rearing are at especially high risk of abusing or being abused by their children. Many parents have insufficient knowledge of child development, an inability to delay their own gratification, and may lack the tremendous energy needed to parent positively. This usually results in violence, from teens as well as the parents.

The isolated parent lacks the social support and education to learn positive parenting skills. Help is needed in this area to prevent the spread of violence from one generation to the next.

(Kilmer). Often, parents who are victims of violence remain silent. Their "secret" shame shields the teen from the consequences of his actions. Many develop the same patterns of violence that children who are exposed to violence develop. In a 1980 research report, one in three children from three to seventeen years old, strike their parents each year (Brown).

One in three children 3 to 17 years old, strike their parents each year.

Prior Family Violence

Children who experience domestic violence from their parents are more likely to commit violent acts themselves. The Office of Juvenile Justice and Delinquency Prevention (U.S. Department of Justice) is studying the effects of childhood exposure to repeated acts of violence and their correlation to violent behavior in children. The study showed a strong correlation between child abuse victims and adolescents who abuse (Kilmer).

Boys who actually witnessed their mother being abused took this as a sign that they could beat her also and the mother, used to abuse from a partner, allowed the abuse from her son. "What seems to be happening is that young men, having seen their fathers beat their mothers, learn that she's an appropriate victim." Therapists at Women Escaping a Violent Environment (WEAVE), have found boys as young as ten years old inflicting abuse on their mother, similar to what they have observed (Brown).

Boys as young as 10 years old inflicted abuse on their mother similar to what they have seen.

Types of Abuse

Childhood exposure to repeated acts of violence and their correlation to violent behavior in the child.

Susan Crow, a victim of adolescent violence, states that not all abuse is physical. Teens verbally abuse and will use anything they know will cause pain. Cussing, threatening acts of violence, and threatening to run away are many of the verbal abuses suffered by the victims. Other types include, but are not limited to, the following:

Abuse of trust
Abuse of money
Abuse of knowledge (child protection laws)
Abuse of parents having to work

"I feel like a prison guard..." Susan Crow

Susan Crow feels like a prison guard, rather than a parent, to her two teenage boys. There is a tremendous burden ensuring the boys are safe, their school work is completed, and they stay out of trouble. The difficulties in dealing with her children are compounded by the news heralding cases of children killing their parents. Her boys are stronger and taller than she and they sometimes use this to intimidate her.

Times-Herald, Vallejo, California 12/12/97

The topic of teens as abusers is hidden. Tamara Goerhing, case manager at the Child Abuse Prevention Council in Stockton, California, declares there are few cases reported to their agency. Of the ninety cases of child abuse reported this year, only one, involved a teenager abusing his mother. She believes it is because parents feel guilty when their teenager is disrespectful, and especially, when they are abusive.(Goerhing).

It's in the News!

The incidence of adolescent abuse is more prevalent than anyone wants to believe. Several cases have hit the news in recent months. One such case was of Zettie Le Blanc who was assaulted by her daughter and a seventeen-year-old granddaughter. The San Francisco Chronicle reported they assaulted her, poured hot grease on her and set the house on fire, leaving her unconscious. Le Blanc, found by another daughter, was still alive after the hour long ordeal.

Woman is assaulted by her daughter and teenage granddaughter

High profile cases also cause problems themselves. For instance, Erik and Lyle Menendez murdered their parents in cold blood. Prosecutors in the case believed it to be an act of greed, not of revenge, for alleged abuse the boys suffered at the hands of their parents. Both boys stood to inherit twelve million dollars. Even though they were not adolescents (twenty-five and twenty-eight) the media attention caused by this case glamorized, and instilled into other adolescents, the ability to seek out and harm their parents.

Parents killed by sons who claim child abuse

Finally a case in Rockline, California brought media attention when a seventeen-year-old engaged in an argument with his mother which ended in her death. Her body was found in a nearby quarry. The youth admitted killing his mother. After strangling her, he tied her arms and legs, put a bag over her head, covered her with a blanket and went to work. When he returned, he enlisted the help of some friends to dump her body into the quarry. This murder was cold-blooded.

17 year old boy killed mother then went to work

Is society enabling the problem?

The national healthcare system of Canada recently conducted a study on the problem of teenagers abusing their parents. In response to an ad placed in a Halifax newspaper, forty-five calls were made. The majority of the calls were made by women who were victims. Twenty-three of the calls reported physical abuse. Adults are trying to be friends with their children instead of parents and feel guilty if their children experience hardships (divorce, working parents). The common problem was teenagers began to see their parents as "easy targets" (Byfield). Teens can exploit their parents with the issue of their "rights." "This is a generation that put its energy into making teens happy and comfortable rather than responsible"(Byfield). If parents do not respond the way the teen wants, then they can merely claim abuse, and the matter is taken over by the law.

"This is a generation that put its energy into making teens happy and comfortable rather than responsible." Ted Byfield

"If the values we hold, the culture we create and the futures we envision address the most basic human needs for love, respect, and contentedness, then most kids will choose lives and relationships in which these needs will be addressed" (Byfield). In any society love and respect must be mutually sought. In the case of teenage violence against parents, some aspect of the love and respect is missing. We need to address the problem and set ourselves on a task to finding effective solutions.

The first step in finding a solution is effective communication; simply: a problem exists and it needs to be solved!

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Road Rage

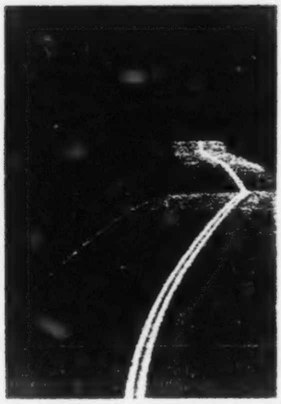
The Perils of Poor Communication in the Highway

Randy Branscum

Kimball Jensen

Mary Martinez

Judy Schallberger



Nighttime. The world around you swirls in a mixture of shadows and rows of street lamps that line the side of the highway. Meetings with clients, the crashing of your computer, and the knowledge that you have to go back to it all again tomorrow, have taken its toll. At least the traffic is moving well. You glance to the side before pulling out to pass the car in front. All is clear; so you slide gently into the next lane and begin to accelerate.

Anger is a natural emotional response found in all societies. It is precipitated by a variety of events and psychological states, as well as socio-cultural factors.

As you pass the other car, the driver banks sharply into you, sending a spray of sparks dancing off your door. Glancing to your right, you see a hostile glare and the mouthing of obscenities in your direction. Quickly you attempt to escape but the chase is on. Welcome to "Road Rage." (Pepper, 1997)

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Our car is our castle and the highway is our territory - we are bigger than life and can go anywhere we wish.

WHAT IS ROAD RAGE?

Aggressive driving is defined as an incident in which an angry or impatient motorist, intentionally injures or kills another motorist, passenger, or pedestrian in response to a traffic dispute, altercation, or grievance. Road Rage is the popular term in the United States for this outlandish behavior. (Willis,1997)

WHAT CAUSES ROAD RAGE?

Anger is a natural emotion found in all societies, yet when people wait in lines at banks, theaters, or airports, they generally do not start fighting. Rather, they appear to maintain their composure, remain neutral, and refrain from violent acts. Unfortunately, things seem to change when a person is angry *and* driving. What is it about getting behind the wheel that brings out hostility and rage?

Many aggressive driving incidents have been attributed to carelessness while operating a communications device.

Aggressive driving is learned and reinforced by our culture and lifestyles. Our car is our castle and the highway is our territory. When sitting behind the wheel we feel sheltered and protected. We fantasize and gain a sense of freedom that empowers us to believe we are bigger than life. This is an unrealistic attitude which results in anger when another car gets in our way and impinges upon our freedom and immediate control of our life.

When people get larger, heavier vehicles they feel invincible.

With new technology, automobiles have become an extension of our home and business offices. Car phones, laptop computers, sophisticated stereo systems, and televisions have added more distractions for drivers.

Some people attribute rage incidents to the recession and to social and economic frustration. Others maintain aggressive driving is simply one's loss of control after a stressful day, fight with a loved one, friend, or working partner.

Sales of popular vehicles (pick up trucks and sport utility vehicles) may have contributed to aggressive driving; sales of these vehicles have doubled since 1990. When people get these larger, heavier vehicles their feelings of power and invincibility increase (Rochman, 1997.)

STATISTICS

More people fear aggressive drivers than drunk drivers.

Aggressive driving is nothing new; it has been around since the invention of the automobile, but it is more visible now because there are more drivers. Incidents of aggressive driving have increased at the rate of seven percent (7%) per year since 1990. In the U.S. there are 177 million licensed drivers and people are driving more miles than before. In a study of fifty metropolitan areas by the Federal Highway Administration almost 70 percent of urban freeways today, as opposed to 55 percent in 1983, are clogged during rush hour.

Since 1987, the number of miles of roads has increased just one percent while the miles driven have shot up 35 percent. (Vest, 1997)

Aggressive driving has become so widespread that a Gallup Poll on motorists' principal concerns of highway safety, 40 percent (40%) of the respondents identified "aggressive drivers" as their number one concern. Amazingly, drunk drivers came in second, with only 33 percent (33%).

WHO ARE THESE AGGRESSIVE DRIVERS?

The American Automobile Association (AAA) notes there is a profile of the lethally-inclined aggressive driver. The majority of perpetrators are males, between the ages of 18 and 26. Most are "relatively young, poorly educated males, who have criminal records, histories of violence, and drug or alcohol problems." Many of these individuals have recently suffered an emotional or professional setback, such as losing a job or a girlfriend, going through a divorce, or having suffered an injury or an accident. But in hundreds of reported cases the perpetrator was 26 to 50 years old and, in some known cases, the driver was between 50 and 75 years old. Hundreds of aggressive drivers are successful men and women with no known histories of crime, violence, or alcohol and drug abuse.(Willis, 1997)

HOW MOTORISTS CAN PROTECT THEMSELVES

There are things we can do to protect ourselves from becoming victims of Road Rage. We can watch for aggressive driving, report it, and avoid creating it. We can concede all power on the highway and allow other drivers to have their way.

Dr. Ricardo Martinez, Administrator of the U.S. National Highway Traffic Safety Administration suggests:

- Do not make obscene gestures while driving or riding in a vehicle.
- Avoid eye contact with an aggressive driver
- Do not tailgate
- Do not block the passing lane
- Use your horn sparingly
- Do not block the right hand turn lane
- Do not let the car phone distract you.
- Do not switch lanes without signaling.

SLOW DOWN, WHY RISK YOUR PERSONAL SAFETY, AND THAT OF OTHERS? BETTER LATE THAN DEAD!

If you feel you are prone to having an attack of Road Rage follow these prevention guidelines: Allow yourself extra time for your trip.Try to create a comfortable and relaxing environment in your car by playing relaxing music. Remember Who Is Important To You!

CONCLUSION

There is no simple answer to creating safer highways and eliminating the problem of Road Rage. The Government is looking into stringent driver education classes prior to issuance of a first license and stronger sentences and penalties for aggressive driving involving serious accidents. Public schools are implementing programs emphasizing anger management in their curricula.

As individuals we can prevent Road Rage by tuning into our driving attitudes and emotions. We must respect the power of the automobile and realize we must share our highways with other drivers.

Road Rage and Personality Types *

The type "A" individual sees driving as a race, a challenge, needs to be first and to assert their territory.

The Dr. Jekyll/Mr. Hyde profile appears mild and unassertive in most social settings, but whose bottled-up rage erupts.

The young impulsive male, whose sense of identity is not fully formed, has much to prove and is very susceptible to challenge.

The displaced anger or projected-rage profile, who is mad about something else and displays it in his car.

The type heavily represented in the Northwest and among women. The polite rule enforcer, who has a certain etiquette he or she expects, and becomes highly offended when breached.

* Dr. R. Maluro directs a Road Rage Therapy Program

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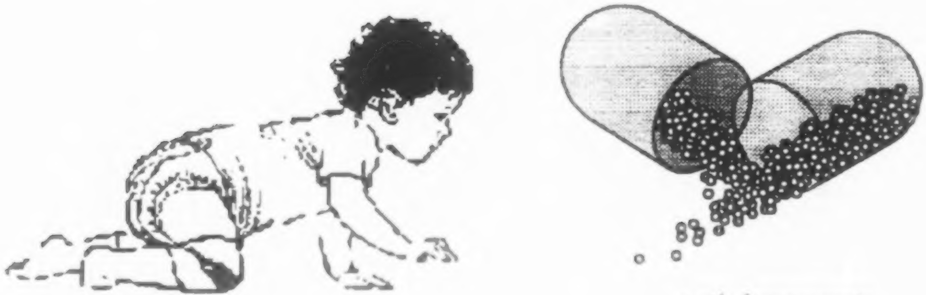
PROZACTINA

ADVERTISING: A POWERFUL TOOL FOR COMMUNICATION



***Baby, Don't Worry,
Be Happy***

Jenny Chase, Gil Cisneros, Patty Short and Jana Toy

INTRODUCTION

The prescription of Prozac and other anti-depressants have been used in the treatment of adult depression for nearly a decade. For many people these drugs have proven to be effective, while in others the drugs have produced severe side effects. Despite this controversy, some doctors feel that anti-depressants should be used in the treatment of childhood depression.

Many medical professionals have used and highly recommend Prozac to combat childhood depression. According to the research company, IMS America, in 1996, some 580,000 Prozac or other anti-depressant prescriptions were written for children five years (5) and older. (Leonard, 1997)

Currently, the Food and Drug Administration is considering giving formal approval for the use of Prozac in children. This would allow the drug manufacturer to begin marketing the drug for use in childhood depression. (Hopper, 1997)

Many doctors, including Dr. Willeford of Austin, Texas, would welcome formal FDA approval. However, many other doctors are concerned that an aggressive marketing campaign would cause the over prescription of the drug in childhood depression cases. They fear that doctors would be quick in diagnosing depression and thus placing the child on Prozac. In an effort to increase sales, peppermint flavored Prozac, for juniors, will soon be available. (Leonard, 1997)

This paper will attempt to provide concerned parents additional information regarding the use of Prozac on their children. While each case is unique and Prozac may prove to be effective in the treatment of depression in young people, parents and educators should be aware of the associated risks and other medical alternatives.

Childhood depression is on the rise according to prominent psychiatrists. “Experts estimate that about four million American children - or five percent - suffer from depression.” (Strauch, 1997) Children who suffer from depressions can have severe symptoms which can send parents and educators scrambling to find a quick “cure” for the child.

Parents and educators should be aware of the positive value of anti-depressants and the negative effects of these medications that are prescribed to our children and students.

SYMPTOMS OF DEPRESSION

- fatigue
- persistent pessimism
- feelings of hopelessness
- lack of self-esteem
- trouble sleeping - insomnia or excessive sleeping
- change in appetite - increased or decreased
- loss of interest in social activities
- slowness of movements or speech
- thoughts of suicide (seek immediate assistance)
- anti-social behavior

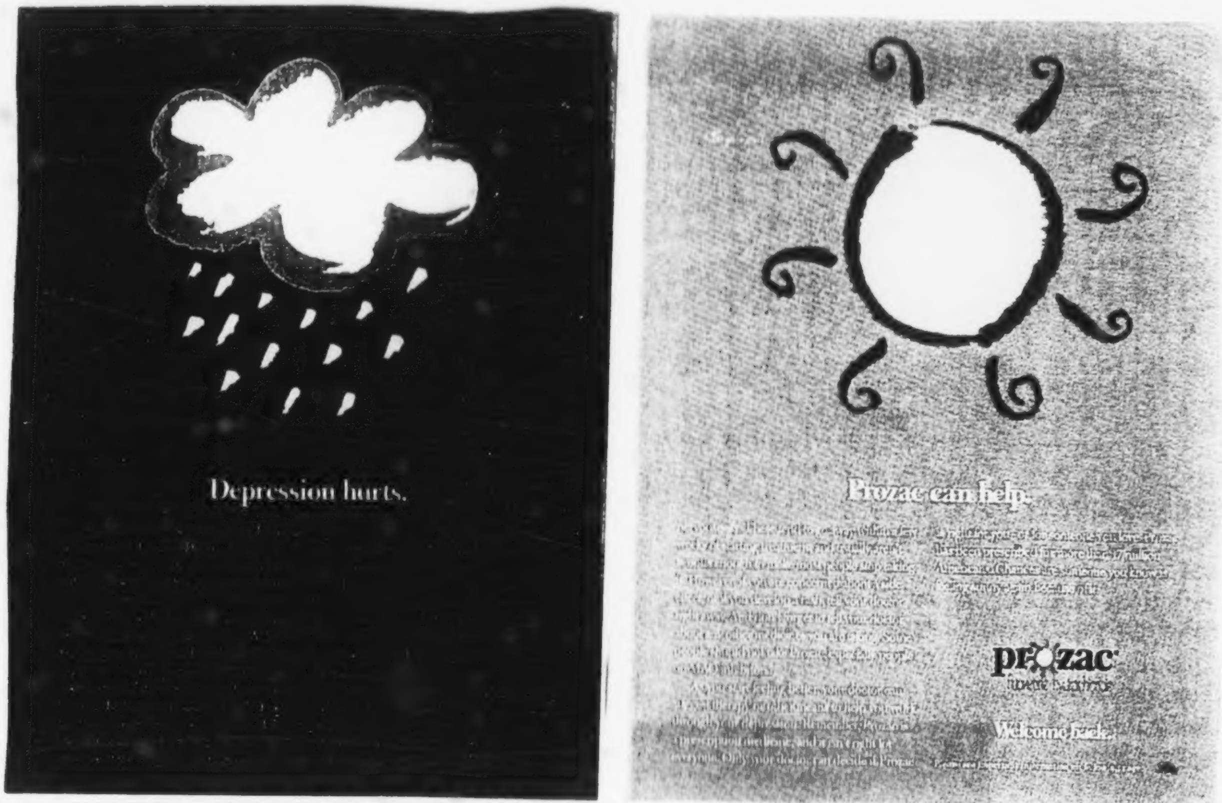
* *Any of the above symptoms warrant close monitoring and possible contact with family physician or psychiatrist.*

THE DARK SIDE

Many professionals who are opposed to using anti-depressants such as Prozac feel that there will be a large problem with over prescription. After all, is Suzie clinically depressed or is she just dealing with some difficult issues and changes that could be resolved with counseling?

There is a growing concern that Prozac and other anti-depressants such as Paxil or Zoloft will be over prescribed like Ritalin has been for ADD and ADHD. Eli Lilly reported that "Prozac prescriptions for those 13-18 years old increased 46% last year. Over all, Prozac sales totaled $1.73 billion in the United States in 1996. (Strauch, 1997) Increased diagnosis of depression in children will assure Eli Lilly more monetary success in 1997.

The advertising industry has jumped on the "bandwagon" that is focused on convincing potential customers (children and adults) that Prozac can help them turn "rainy skies to sunny skies" The two page Prozac advertisement created by Chicago's Leo Burnett is a case in point.


Depression hurts.
Prozac can help.
prozac
Welcome back.

Prozac's new ad (Source: ***Insight On The News*****, September 1997)**

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These emotional pitches can lead people to believe that medication will "fix Suzie" The long term effects of Prozac are still unknown It is unclear how antidepressants will affect the developing brain There is also concern due to the fact that some children will take these drugs for many years Medical experts have not proven that anti-depressants work the same way in children as they do in adults

Dr Stephanie Judice, a child psychiatrist with Austin/Travis County Mental Health states, "Studies in children are never as extensive as I'd like them to be... You would be shocked at how few drugs are FDA-approved for use in children." (Hopper, 1997) Would we as intelligent adults take a drug that is not approved by the FDA? Why are we giving it to our children?

"Everybody experiences mood swings. Moods become a disorder when they're so extreme and persistent that they knock you off balance and interfere with your ability to work, play and live."

Carey, 1997

Leon Eisenberg, Professor of psychiatry and social medicine at Harvard medical School states, "This whole trend toward giving pills to children as a solution to everything, particularly in the absence of evidence that they work, is fundamentally unethical."(Leonard, 1997)

Many children who are on Prozac report that they are grateful to the drug for making them more "balanced" and "relaxed" Perhaps these children are experiencing the normal phases of late childhood and adolescence which can cause mood shifts and sometimes "crazy" behavior

THE SUNNY SIDE

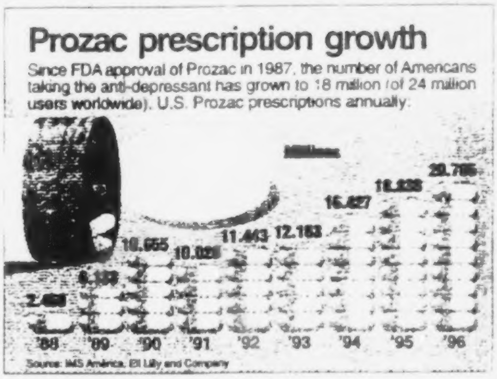
Dr. George Willeford from Austin, Texas has been prescribing Prozac to children for many years. He feels that anti-depressants are extremely beneficial to children who have been diagnosed as suffering from depression. Prozac and other serotonin re-uptake inhibitors have fewer side effects than previously prescribed anti-depressants.

"But is Prozac really helping them, or is it just fitting them into a certain mold while masking their real problems?"

Bess, 1997

In this four year study, conducted by the University of Texas Southwestern Medical Center in Dallas, Prozac and a placebo were compared. In 96 people, with ages ranging from 8-18, half of those on the drug showed improvement while those who were given a placebo also showed improvement. (Leonard)

Many physicians and parents nationwide feel that Prozac can help and does work. These children and patients have exhibited severe symptoms of depression and have experienced a "new life" with the help of Prozac. Though the parents "have concerns down the line, without these drugs (Prozac, Zoloft and Paxil) our children couldn't function." (Tanouye, 1997) Other parents also welcome treatment for their children with Prozac. Jo Anne Meyers of Houston says "Prozac has stopped the violence in my nine year old son. I feel that it is a miracle drug." (Tanouye, 1997) These families and hundreds of others throughout the country have personally witnessed radical life-changing improvements in their children when prescribed anti-depressants. Without these drugs these children would be unable to function in society and the possibility of being institutionalized is greatly increased.



USA Today, July 9, 1997

THE GRAY SIDE

As parents and educators who are responsible for our children's emotional and physical health alternatives to drug therapy should be considered. For example, when presented with a child who exhibits some of the classic symptoms of depression a parent or teacher should look to alternatives such as biofeedback, exercise, nutrition, traditional psycho-therapy, and the teaching of coping skills. If these alternatives don't reduce the symptoms then anti-depressants should be explored in conjunction with therapy.

Have we created the notion that every day should be "sunny"? Perhaps our young people have been programmed by society to think that they are abnormal if their lives aren't "perfect". A messy room, inability to focus or a case of the "blues" shouldn't mandate a diagnosis of depression and automatic prescription for Prozac. Of course severe symptoms of depression such as suicidal thoughts or self mutilation warrant immediate professional treatment.

COMMON SIDE EFFECTS FROM ANTI-DEPRESSANTS

- √ dryness of mouth
- √ gastric upset/diarrhea
- √ headaches
- √ blurred vision
- √ dizziness
- √ abnormal heart rhythms

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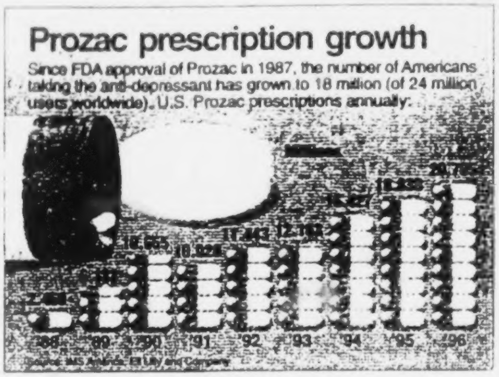

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- √ dizziness
- √ abnormal heart rhythms

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WHAT'S NEXT - PROZAC BABIES???

Fussing, crying babies who have difficulty with feeding and appear depressed can benefit from the new drug "Prozactina"

> "Depressed kids need all the help we can give them. But even a good drug can be abused; look what happened to Ritalin. The availability of the pill has allowed doctors to disregard the importance of trying to find out what's going on with these kids."
>
> Dr. Leon Eisenberg
> Professor of Social Medicine
> Harvard Medical School

Postscript

From the time we began to prepare this paper for publication (August, 1997) the rate of acceleration in the pediatric use of PROZAC, and other anti-depressants, has been a constant source of amazement to us; consider:

> "The number of prescriptions for children has risen to almost 200,000 in the past year just for the top four new antidepressants."

The Authors.

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Katherine Lauderdale just completed her degree in behavioral science and began working on a doctorate in Clinical Psychology in January 1998. She is currently self-employed as a consultant for accounting and computer software, and tutors college students in various classes. She resides in Stockton, California.

Jerry L. Roberson is a Respiratory Care practitioner at a medical center and teaching hospital in central California. He is pursuing a degree in Behavioral Science, is President of Respiratory Consulting Services and plans to attend medical school.

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Patti Mc Lean is a first grade teacher at Keyes School in Keyes, California (Stanislaus County). She enjoys art, reading and creating effective classroom and learning environments for her students.

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Chapter 2: Language, Learning and the Brain

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BJ Somera Mace was born and raised in California. She is a general engineering contractor with a paralegal background. BJ will begin a teacher credential program in May 1998. Upon completion she intends to begin a career as a mathematics instructor at the elementary and college level.

Tina Pereira is employed by San Joaquin County Schools assisting in an education program for autistic children. She also works for Applied Behavior Consultants, which specializes in autism, as an in house Behavior Technician.

Chapter 3: Body Talk

Greg Cobarrubias works as a supervisor for Pacific Gas & Electric. He is pursuing a bachelor's degree (business) and a master's degree in Business Administration . and plans to advance into middle and upper management.

Lori Doyle is a happy home maker who is working toward a behavioral science degree.

Kristin Lofton is majoring in behavioral science and will continue for a master's degree. She plans to work in the mental health field with children in crisis. Kris says "Professionally, I am a Head Start teacher working with 3 and 4 year olds. I have three children of my own, and recently became a grandmother. I enjoy painting, traveling, listening to jazz and blues music. In the near future, I plan to write a children's book".

Isabel Montes Soto is a para-professional who works with limited English speaking students at Tracy High School. She is currently majoring in behavioral science and plans to teach at a secondary level.

Luis Sarrade works as a teller and has traveled abroad extensively. He is completing his business administration degree and plans to attain a master's degree.

CONTRIBUTORS

Chapter 4: Muscle Dysmorphia

Matthew Beckwith will graduate in June of 1998 with a Bachelor of Science degree in Buisness Administration. He is married and has a four year old daughter. Matthew is currently employed as a call center/customer service supervisor at a telecommunications company.

Margarita M. Castillo will graduate with a Bachelor of Science degree in June 1998. She plans to enter the credential program and teach at the primary level. Margarita is a wife, mother and full time para-professional at South West Park School. Her love for children drives her desire to pursue a career in teaching.

Gina Ruby is finishing her Bachelor of Science degree. She has one son and hopes to enter the Master's program at a local university.

Annette Williams is pursuing a degree in Behavioral Science and plans to enter the credential program. Her goal is to become a classroom teacher at the state level.

Chapter 5: Love International Style

Crystal Beget-Cripe is majoring in Interdisciplinary Studies and teaches physically handicapped children for Stanislaus County Office of Education. She is married and enjoys hiking, cycling and nordic skiing.

Nancy J. McCormick is currently seeking a teaching credential. She has three daughters and five grandchildren.

Rickey J. Staggs is majoring in Behavioral Science and works as a Private Investigator and Audio Stress Analyst. He enjoys life.

Cyd Zipf is majoring in Behavioral Science and is planning to continue in the teaching credential program. She is married and has two boys.

CONTRIBUTORS

Chapter 6: Talking Between the Sheets

Rebecca Robbins resides with her family in the Stockton, California area. She is currently majoring in Behavioral Sciences.

Robert Torres is married, with two children, and lives in Stockton, California. He is an Interdisciplinary Studies major, and will graduate in June 1999.

Shoua Yang and her family are currently living in Sacramento, California. She is a Behavioral Science major.

Chapter 7: Monkey See, Monkey Do

James Donkin is making a career change after 20 years as a portrait painter. He is currently completing a B.A. degree in Behavioral Science will enter the master's program in counseling psychology with the intent of becoming a MFCC. James is a counselor working with 10 to 18 year old teens. The cartoon on page 53 is his creation.

Kristen Strong was born in Los Angeles, California and has lived in Lodi, California from the age of ten. She is married, with a 3 year old son and is employed at Bear Creek High School. Upon completion of her B.A. degree, she plans to proceed to the credential program then teach high school English.

Tracy McCafferty is employed as an Insurance Sales Manager for a finance company. She is working on her B.A. degree in business and hopes to continue with a master's degree in Environmental Management. Born and raised in Colorado, she moved to California in 1990.

CONTRIBUTORS

Chapter 8: Battered Bodies and Broken Dreams

Katherine Lauderdale

Na Lee Vang just completed her degree in Behavioral Science and will enroll in the teaching program in February 1998. After completing her credential, she plans to continue in Administration of Education or the School of Psychology. She is married with two preschool children.

Jamie Weidman works at Carter's Pet Mart in Stockton, California as supervisor of the fish department. He is one year away from completing a Bachelor's degree in Behavioral Science then plans to obtain a teaching credential and a master's degree in Administration of Education.

Chapter 9: What Happened to Our Angel?

Lillian Q. Castro was born in Tinian, Northern Marianas Island. She is a volunteer mentor for the Stockton Unified School District and expects to complete a B.A. in Behavioral Science and continue to a graduate degree in psychology. She is married and has two teenagers.

Richard A. Kent was born and still lives in Stockton, California. He plans to teach at a high school or junior college level. Recently retired from law enforcement service of thirty years and he works in the special education department for Stockton Unified School District. He is married with four grown children.

Katherine Lauderdale

CONTRIBUTORS

Chapter 10: Road Rage

Randy Branscum* is a self-employed rancher with three daughters.

Kimball Jensen* is a Microcomputer Specialist for the City of Stockton, California. He has three young sons.

Mary Martinez * works at Doctor's Medical Center in Modesto as a respiratory therapist. She is the mother of a nine month old baby girl.

Judy Schallberger* works as an Administrative Assistant.

*pursuing degrees in behavioral psychology.

Chapter 11: Prozactina

Jenny Chase received her degree in Communicative Disorders and is currently working on her teaching credential. She is employed as a kindergarten teacher for Lodi Unified School District. She has two wonderful children, Steve and Laura and a supportive husband, Dennis.

Gil Cisneros is a business education teacher at Tracy High School, Tracy, California. He enjoys working on his computer and going to the movies. His work appeared in "*Perspectives in Multi cultural Education: Teaching in the Diverse Classroom*" published in 1996.

Patty Bonner Short is a full-time mother and student. She has a B.A. degree in Recreation Therapy. Prior to pursuing her teaching credential, Patty worked for six years in the mental health field. She has two children and plans on teaching high school-aged students. Patty's chapter on innovative teaching, titled *"An Entrepreneur in the Classroom"*, co-authored with Rachel Anderson, Kristine Dobbs and Brigid Jenkins appeared in *"Da Teachin ov Reedin"* which was published in 1997.

Jana Toy was born and raised in the Midwest, and moved to California in 1980. She is married with a 7 month old daughter and has spent the last ten years in the Human Resources field. Now finishing the requirements for a teaching credential (multiple subject). She plans to continue on to a master's degree in computer-related education. Jana has published extensively and co-authored *"Students at Risk: The Teachers' Call to Action"* (1997), and "*School Dropouts: The Tragedy of America's Undereducated Youth*" (1993).

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